



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract Number DTNH22-94-D-27058
Case Number DSI-95-SP-024

1995

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: DSI-95-SP-024

This collision occurred on an early winter weekday. At the point of impact, the roadway is a four-leg, concrete intersection which is straight and level and is controlled by a stop sign for east/west traffic.

Vehicle 1, the case vehicle, was a 1987 Plymouth Voyager (SE), driven by a 40 year old male. According to the driver, Vehicle 1 was westbound approaching the intersection at approximately 32 KPH (20 MPH) and beginning to brake for the stop sign.

Vehicle 2, a 1995 Saturn driven by a 20 year old male, was traveling northbound approaching the same intersection at approximately 64 KPH (40 MPH).

The driver attempted to stop Vehicle 1, but according to the driver the brakes failed. Vehicle 1 slowed, however, and entered the intersection directly into the path of Vehicle 2. The driver of Vehicle 1 realized that Vehicle 2 was going to collide with him, he accelerated Vehicle 1 in an attempt to avoid the collision. The driver of Vehicle 2 attempted to avoid the collision by braking and steering to the left, but the front of Vehicle 2 struck the left rear of Vehicle 1.

The impact pushed Vehicle 1 into a counterclockwise rotation, and the left rear rubber bumper guard pushed on the left corner of the liftgate. This caused the liftgate to move up and laterally to the right. The latch moved from the latching post and the rear liftgate opened. At the same time, the rear seat latching anchors released the rear seat. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown towards the left side of Vehicle 1. As Vehicle 1 came to a stop at final rest, the rear liftgate had swung fully open. The rear seat along with both rear occupants fell out onto the roadway.

Vehicle 1 rotated counterclockwise 180 degrees from its original heading, and came to final rest, facing west. The PDOF for this impact is estimated to have been 280 degrees with a CDC of 09LBEW2.

After impact, Vehicle 2 continued in a counterclockwise rotation and headed west. Vehicle 2 rotated approximately 100 degrees and came to final rest, facing west.

There were a total of six occupants in Vehicle 1 as shown in Figure 1 .

The driver of Vehicle 1 was wearing the available manual lap/shoulder restraint. He complained of pain to his left knee from striking the instrument panel.

The right front occupant of Vehicle 1, a fifteen year old male, was wearing the available manual lap/shoulder restraint. He did not sustain any injuries.

The left center occupant of Vehicle 1, a four year old male was restrained in the child seat that is integrated into the bench seat. He sustained a bruise to his forehead, possibly from contact with the unrestrained occupant seated to his right.

The right center occupant of Vehicle 1, an eighteen year old male was not restrained. He did not sustain any injuries.

The left rear occupant of Vehicle 1, a fourteen year old male, was not wearing the available lap restraint. The impact forces moved the left rear occupant into the left rear side window. He struck it with his head and shattered it on impact. The counterclockwise rotational forces, and the rear seat unlatching threw him about the left rear interior of the vehicle. When the rear liftgate opened, and the latches on the rear seat released, the left rear occupant was ejected out onto the roadway along with the seat. This action resulted in a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion to the left knee; maximum AIS =1.

The right rear occupant of Vehicle 1, a sixteen year old male, was not wearing the available lap restraint. When the rear liftgate opened, the right rear occupant was ejected out onto the roadway along with the seat. The following injuries resulted: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder; maximum AIS=1.

Both vehicles were towed from the scene. Vehicle 1 was towed as a result of the possible brake failure, the driver did not feel that it was safe to continue driving Vehicle 1. The PAR indicated no defects to the vehicle.

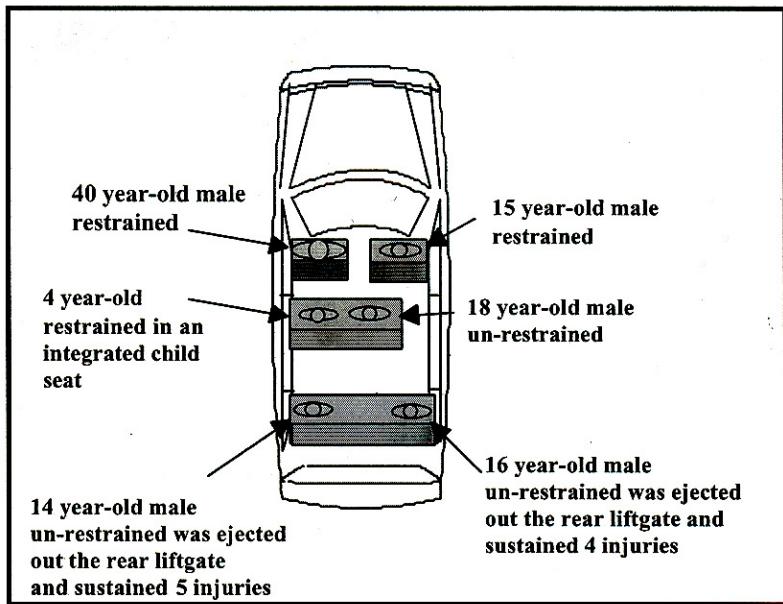
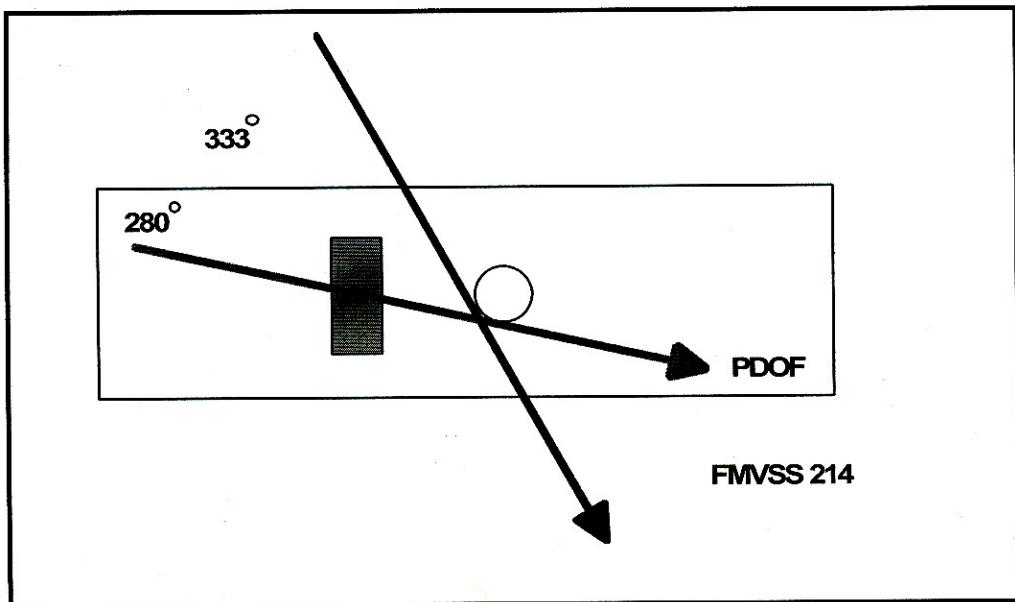


Figure 1. Vehicle 1 Occupant Seating Positions

Upon inspection of the case vehicle, it was found that Vehicle 1 sustained minor damage to the left rear corner, including the corner of the rear bumper. The liftgate did not sustain any direct contact damage, and it did not buckle. It was contacted by the left rear rubber bumper guard, and it pushed the liftgate laterally to the right.

It is the opinion of the investigator that the left rear bumper corner was deformed on impact. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to move from the post and the rear liftgate opened. As Vehicle 1 was in the counterclockwise rotation the liftgate swung open. This coupled with the failure of the seat latching anchors, caused the rear seat and both rear occupants to be ejected through the rear liftgate area when Vehicle 1 came to a stop at final rest.

The following diagram describes the forces which acted upon the latching mechanism on the rear liftgate during the collision as compared to forces which act on the liftgate during FMVSS 214 testing.



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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

**DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-SP-024**

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ACCIDENT DATA:

Location:

Area/Type:

Urban/Commercial

Date/Time:

Winter Weekday/Early evening

Accident Type:

Car/Van Angle-Intersection

INJURY SEVERITY:

Vehicle 1:

Driver, None

R/F Occupant, None

L/Center Occupant, AIS-1

R/Center Occupant, None

L/R Occupant, AIS-1
(case occupant)

R/R Occupant, AIS-1
(case occupant)

AMBIENCE:

Viewing Conditions:

Early evening, dark with no viewing restrictions

Cloud Cover:

Clear

Precipitation:

None

Temperature:

Unknown

Road Surface:

Dry

ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	2-Lane, undivided	2-Lane, undivided
Width:	6.4 m (21 ft)	6.7 m (22 ft)
Traffic Density:	Moderate	Moderate
Median:	None	None
Edge:	Grass downward sloped	Grass downward sloped
Surface:	Concrete	Concrete
Reported Defects:	None	None
Co-efficient of Friction (est.):	0.65	0.65
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight

TRAFFIC CONTROLS:

	VEHICLE 1	VEHICLE 2
Signals:	None	None
Signs:	Standard stop sign	None
Speed Limit:	64 KPH (40 MPH)	64 KPH (40 MPH)
Markings:	Double solid yellow lines separates east and west opposing traffic lanes.	Double solid yellow lines separates north and southbound opposing traffic lanes. Solid white edge lines.

VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1987 Plymouth Voyager (SE)	1995 Saturn, per V.I.N.
Odometer:	223,752 km (139,037 mi)	Unknown - not inspected
Engine:	3.0 L	1.9 L / L4, per V.I.N.
Vehicle Modifications:	None	Unknown - not inspected
Tire Condition:	Excellent tread, no unusual thread pattern	Unknown - not inspected
Manual Restraints:	3-point lap/shoulder restraints at L/F, R/F front seat positions. 2-point lap restraint at L/C seating position, R/C seating position 2-point lap restraint removed. Center bench seat has available an integrated 5-point harness child seat. R/R, C/R, L/R 2-point lap restraints.	Unknown - not inspected
Automatic Restraints:	None	Supplemental Restraint System (Driver's side air bag), per V.I.N.
Reported Defects:	None	None
Cargo:	None	Unknown - not inspected
Windshield Damage:	None	Unknown - not inspected
Fleet:	None	None

Case DSI-95-SP-024

Tow Status:

Towed due to perceived
brake failure by driver of
Vehicle 1

Towed due to damage

VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	01	01
CDC:	09LBEW2	Unknown - not inspected
Maximum Crush:	CDC crush extent zone 2	Unknown - not inspected

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed (estimated):	32 KPH (20 MPH) per police	64 KPH (40 MPH) per police
Total Delta V:	5 KPH (3 MPH)	5 KPH (3 MPH)
Longitudinal Delta V:	-1 KPH (-1 MPH)	-4 KPH (-2 MPH)
Lateral Delta V:	5 KPH (3 MPH)	-2 KPH (-2 MPH)
Energy Dissipation:	1887.6 NT-M 1392.4 FT-LBS	3885.1 NT-M 2865.8 FT-LBS

Calculations based upon:

The Delta V(s) (velocity changes) were computed by the missing vehicle algorithm, OLDMISS PC program.

COLLISION SEQUENCE:

Pre-Crash:

This two vehicle angle type collision occurred during the early evening hours of a winter weekday at a four-leg intersection. The roadway is an asphalt, straight and level surface in an urban/commercial zone. The weather was clear, there were no weather related viewing restrictions and the road surface was dry and free of defects. The traffic density is moderate and the posted speed limit was 64 KPH (40 MPH). The intersection is controlled by standard stop signs for east and westbound traffic.

The north travel lane is separated by double painted yellow lines from the south travel lane, and is 6.7 m (22 ft) in width. The north and south roadway has an estimated coefficient of friction of 0.65. The travel lanes for east and west traffic measures 6.4 m (21 ft) in width and consist of 1 eastbound travel lane separated by double painted yellow lines from 1 westbound travel lane. The east and west roadway has an estimated coefficient of friction of 0.65.

Vehicle 1, the case vehicle, a 1994 Plymouth Voyager (SE), driven by a 40 year old male was travelling westbound approaching the intersection. At a police reported speed of 32 KPH (20 MPH), the vehicle was beginning to brake for the stop at the intersection.

Vehicle 2, a 1995 (per the V.I.N.) Saturn, driven by a 20 year old male was travelling northbound approaching the intersection. At a police reported speed of 64 KPH (40 MPH).

The driver of Vehicle 1 stated that he applied the brakes to stop, and although Vehicle 1 began to decelerate, it was not braking in a normal fashion. The driver of Vehicle 1 realized that his brakes were failing and he was about to attempt to engage the emergency brake lever, when he realized that he was almost in the middle of the intersection and that Vehicle 2 was rapidly approaching him. The driver of Vehicle 1 accelerated in an effort to avoid the collision.

At the same time, the driver of Vehicle 2 saw Vehicle 1 enter the intersection directly in front of him. In an effort to avoid the collision, the driver of Vehicle 2 braked and began to steer to the left.

Crash:

The front bumper of Vehicle 2 struck the left rear corner of Vehicle 1. A CDC of 09LBEW2 with a PDOF of 280 degrees was assigned to Vehicle 1. Direct damage width was measured at 64.7 cm (25.5 in). The maximum crush depth was estimated to be a CDC extent zone 2.

Case DSI-95-SP-024

Vehicle 2 was not inspected. Although crush was minor to Vehicle 1, as a result of the impact-induced deceleration, the threshold of the manufacture's supplemental restraint system was exceeded in Vehicle 2 and the driver's air bag deployed.

Post Crash:

As a result of the rapid acceleration by the driver of Vehicle 1 to avoid the collision and the impact forces generated by the collision with Vehicle 2, Vehicle 1 went into a counterclockwise rotation. Upon impact with the bumper of Vehicle 2, the left rear corner of Vehicle 1 was deformed. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to release from the post and the rear liftgate opened.

At the same time, the rear seat latching anchors released the rear seat. There was no indication of damage to the seat latches. It is possible that the rear seat had not been securely fastened prior to this incident. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown around in Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat, along with both rear occupants, fell out of the vehicle.

Vehicle 1 rotated 180 degrees counterclockwise and came to final rest, facing east.

Vehicle 2 continued in a counterclockwise rotation and came to final rest, facing in a southwesterly direction.

Occupant Kinematics:

The driver was wearing the available lap/shoulder restraint. On impact with Vehicle 2 his legs were moved forward and upward into the instrument panel. The driver of Vehicle 1 complained of pain to his left knee, but did not sustain any injuries to them and he did not seek any medical treatment.

The right front occupant, was wearing the lap/shoulder restraint. There was no physical evidence to indicate that he had contacted the instrument panel. He was not injured.

The left center occupant was restrained on the integrated child seat of the bench seat. On impact with Vehicle 2, the left center occupant moved laterally towards the left side of the vehicle, but he was secured by a five point restraint system of the child seat. The right center occupant, was seated unrestrained on the bench seat. On impact with Vehicle 2 he moved laterally to the left and collided with the forehead of the left center occupant. After impact, and as a result of the counterclockwise rotation, the right center occupant moved back to the right side of the vehicle.

He did not claim any injuries. The left center occupant did sustain a contusion to his forehead as a result of the collision with the right center occupant, and received medical treatment three days later at a medical clinic.

The left and right rear occupants were restrained by the available lap restraints, according to the driver. The police report indicates that they were not wearing the lap restraints. There is extensive damage to the molding on the left rear interior surface which indicates that they were not restrained. There were several cracks to the molding ranging from 6.4 cm (2.5 in) long to 51.0 cm (20.0 in) long. The impact with Vehicle 2 threw the left rear occupant laterally to the left and he struck the rear left side window glass with his head, causing it to disintegrate. The right rear occupant may have also collided with the left rear occupant, pushing him further up against the left side interior surface.

After impact, the centrifugal forces, and the failure of the rear bench seat latches, caused the front of the rear bench seat to swing up and completely disengage from the front anchors. As Vehicle 1 continued in a counterclockwise rotation both rear occupants were being thrown about the left side of Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat and both rear occupants were ejected out of the rear liftgate onto the roadway.

The left rear occupant sustained moderate injuries consisting of a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion left knee. The right rear occupant sustained the following injuries: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder.

Supplemental Restraint System:

The case vehicle, the 1987 Plymouth Voyager (SE) is not equipped with a supplemental restraint system and the 1995 Saturn was not inspected.

Scene Clearance:

Vehicle 1 sustained minor damage. The driver of Vehicle 1 was apprehensive about driving Vehicle 1 with faulty brakes. Vehicle 1 was towed from the scene to his residence. The PAR indicates that Vehicle 2 was towed from the scene.

Safety Standards:

There were no violations of Federal Motor Vehicle Safety Standards noted during the on-site inspection of Vehicle 1.

DRIVER AND OTHER OCCUPANTS:**VEHICLE 1**

	DRIVER	OCCUPANT 2
Age/Sex:	40 year old/male	15 year old/male
Seated Position:	Left front	Right front
Seat Type:	Bucket	Bucket
Height:	180.0 cm (71.0 in)	168.0 cm (66.0 in)
Weight:	71 kg (157 lb)	54 kg (120 lb)
Occupation:	Unknown	Student
Pre-existing Medical Condition:	Unknown	Unknown
Alcohol/Drug Involvement:	None/None	N/A
Driving Experience:	Unknown	Unknown
Body Posture:	Normal upright	Normal upright per the driver
Hand Position:	10 & 2 o'clock positions	Unknown
Foot Position:	On floorboard with the right foot on the accelerator	Unknown
Restraint Usage:	Lap/shoulder restraint	Lap/shoulder restraint
Additional Occupants:	5	

DRIVER AND OTHER OCCUPANTS (cont.):**VEHICLE 1**

	OCCUPANT 3	OCCUPANT 4
Age/Sex:	4 year old/male	18 year old/male
Seated Position:	Left center	Right center
Seat Type:	Bench	Bench
Height:	94.0 cm (37.0 in)	178.0 cm (70.0 in)
Weight:	18 kg (40 lb)	58 kg (127 lb)
Occupation:	Minor child	Student
Pre-existing Medical Condition:	Unknown	Unknown
Body Posture:	Seated in an integrated child safety seat	Unknown
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	5-point harness of integrated child safety seat	None

DRIVER AND OTHER OCCUPANTS (cont.) :**VEHICLE 1**

	OCCUPANT 5	OCCUPANT 6
Age/Sex:	14 year old/male	16 year old/male
Seated Position:	Left rear	Right rear
Seat Type:	Bench	Bench
Height:	183.0 cm (72.0 in)	185.0 cm (73.0 in)
Weight:	52 kg (115 lb)	58 kg (127 lb)
Occupation:	Student	Student
Pre-existing Medical Condition:	Unknown	Unknown
Body Posture:	Normal upright	Normal upright
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	None	None

DRIVER AND OTHER OCCUPANTS :

VEHICLE 2

DRIVER

Age/Sex: 20 year old/male
Seated Position: Left Front
Seat Type: Unknown
Height: Unknown
Height: Unknown
Occupation: Unknown
Pre-existing Medical Condition: Unknown
Alcohol/Drug Involvement: N/A
Driving Experience: Unknown
Body Posture: Unknown
Hand Position: Unknown
Foot Position: Unknown
Restraint Usage: Supplemental Restraint System, per traffic collision report
Additional Occupant: None

INJURIES:**Vehicle 1**

	INJURY	AIS/OIC CODE	ICD-9	SOURCE
DRIVER:	None			
R/F Occupant:	None			
L/C Occupant:	Contusions to forehead	290402.1,7	920.00	R/C occupant
R/C Occupant:	Not injured			
L/R Occupant:	Closed head injury	115099.7,0	850.9	Left side window glass
	Cervical strain	640278.1,6	847.0	Left window area
	Lumbar strain	640678.1,8	847.2	Left window area
	Contusion left shoulder	790402.1,2	923.00	Left window area
	Contusion left knee	890402.1,2	924.11	Left window area
R/R Occupant:	Closed head injury	115099.7,0	850.9	Left window area
	Cervical strain	640278.1,6	847.0	Left widow area
	Sprain left shoulder	751020.1,2	840.9	Left window area
	Contusion left shoulder	751210.1,2	923.00	Left window area

Abbreviations Used In Narrative, Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

PHOTO INDEX

Case No. DSI-95-SP-024

PHOTO NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1-3	01	West	Direction of travel towards impact area.
4	01	West	Impact area.
5-6	01	Westerly	Counterclockwise rotation
7	01	East	Final rest area
8	01	West	Final rest area
9	01	East	Opposite direction of travel
10-11	02	North	Direction of travel
12	02	North-west	Impact area
13	02	West	Counterclockwise rotation
14	02	West	Final rest area
15	02	South	Opposite direction of travel
16-34	01		Exterior damage
35-44	01		Interior
45-50	01		Damaged left rear area
51-53	01		Rear seat anchors
54-56	01		Rear liftgate post
57-62	01		Rear liftgate latch
63-66	01		Rear seat
67-72	01		Port latches of rear seat
73-78	01		Starboard latches of rear seat





SP24-005

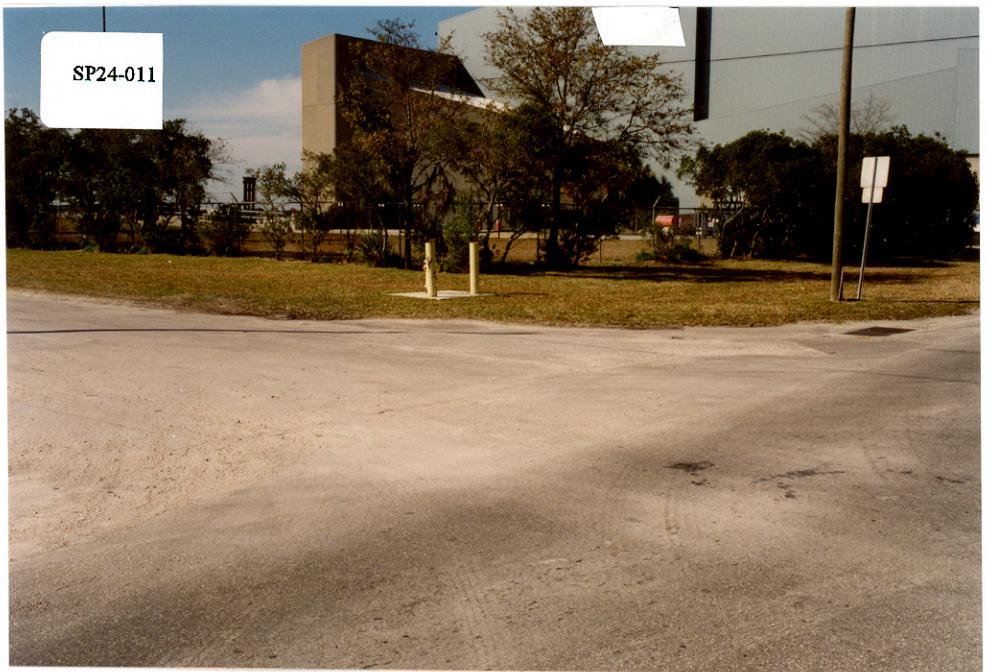


SP24-006

















BEST AVAILABLE





SP24-025



SP24-026



















BEST AVAILABLE



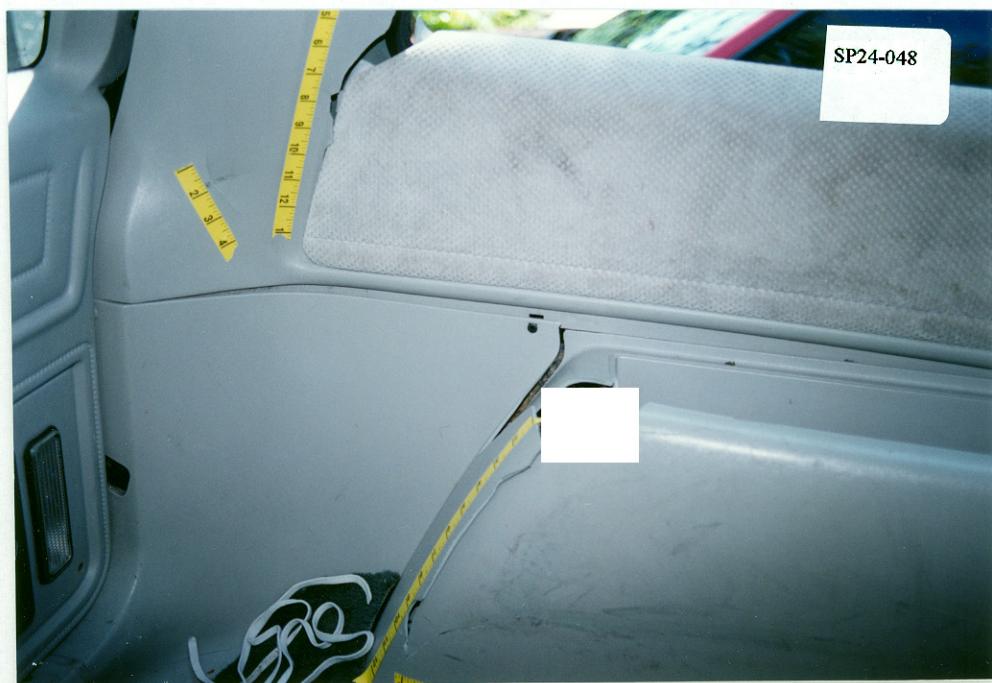
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SP24-045



SP24-046









BEST AVAILABLE



BEST AVAILABLE







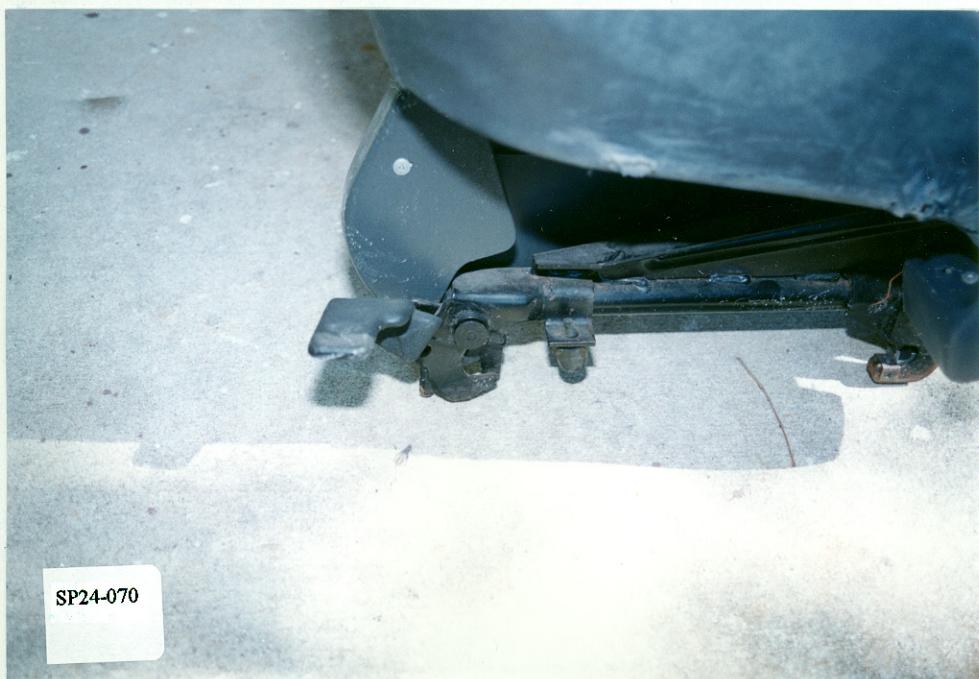




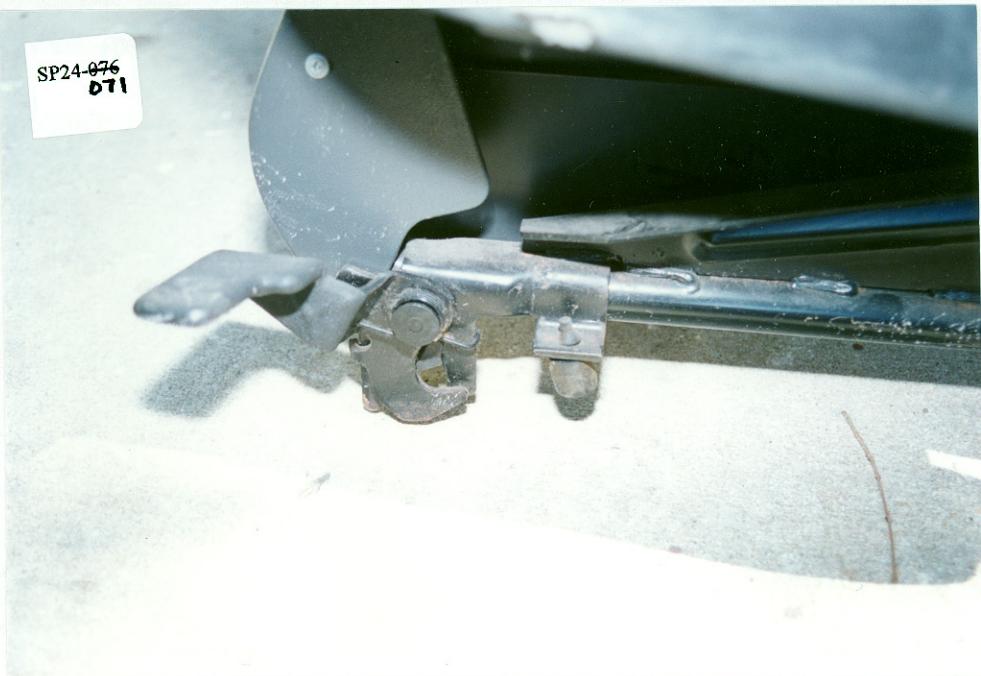




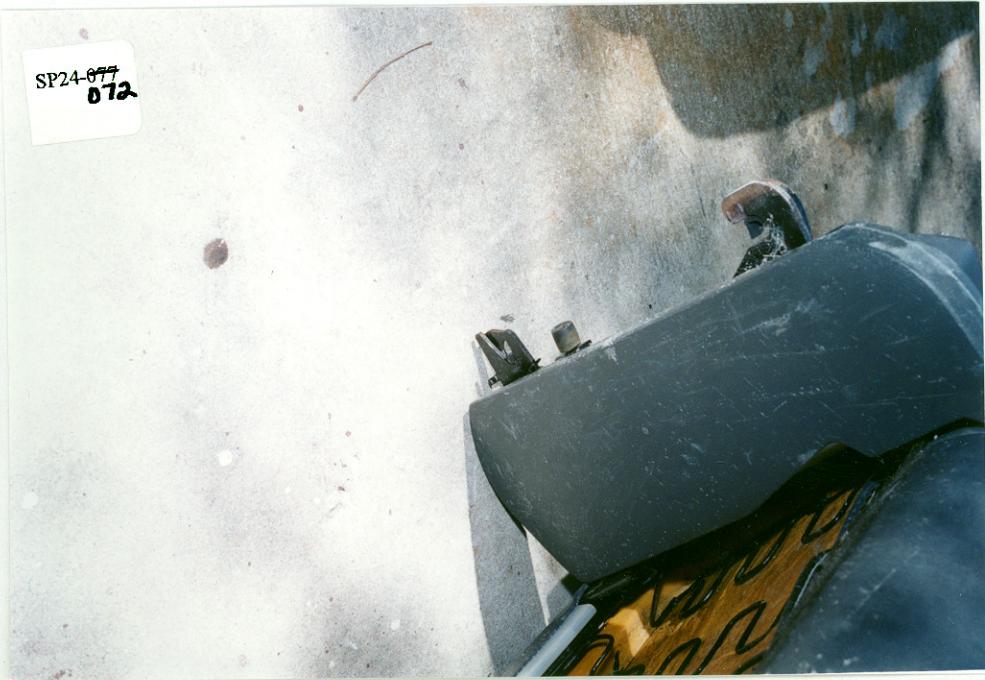
BEST AVAILABLE



SP24-076
071



SP24-077
072









SLIDE INDEX

Case No. DSI-95-SP-024

SLIDE NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
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5	01	West	Impact area
6-7	01	Westerly	Counterclockwise rotation
8	01	East	Final rest area
9	01	North-West	Opposite direction of final rest area
10	01	East	Opposite direction of travel
11-12	02	North	Direction of travel towards impact area
13	02	North-West	Impact area
14	02	West	Counterclockwise rotation
15	02	West	Final rest area
16	02	South	Opposite direction of travel
17-34	01		Exterior of Vehicle
35-43	01		Interior of Vehicle
44-51	01		Damaged left rear area
52-55	01		Rear seat anchors
56-59	01		Rear liftgate post
60-63	01		Rear liftgate latch
64-65	01		Rear bench seat
66-71	01		Rear bench seat starboard latches
72-77	01		Rear bench seat port latches

CASE NUMBER DS95SP024

MISSING SLIDES

THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER(S)

1-71



ACCIDENT FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DST-95-Sp-24

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 024. Date of Accident (Month, Day, Year) WINTER WEEKDAY 1/19/945. Time of Accident EARLY EVENING HOURS

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 99996. SS15 Administrative Use 07. SS16 Pedestrian Crash Data Study 08. SS17 Impact Fires 09. SS18 _____ 010. SS19 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>1 3</u>	15. <u>L</u>	16. <u>0 2</u>	17. <u>0 2</u>	18. <u>F</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (\leq 4,500 kgs GVWR)
- (13) Passenger van (\leq 4,500 kgs GVWR)
- (14) Other van (\leq 4,500 kgs GVWR)
- (15) Pickup truck (\leq 4,500 kgs GVWR)
- (18) Other truck (\leq 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck ($>$ 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

(35) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
- (42) Tree ($>$ 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
- (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
- (52) Pole or post ($>$ 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

GENERAL VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI - 95 - SP-243. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 87Code the last two digits of the model year
(99) Unknown5. Vehicle Make (specify): PLYMOUTH 49Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown6. Vehicle Model (specify): VYAGER (SE) 442Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown7. Body Type 20Note: Applicable codes may be found on
the back of this page.8. Vehicle Identification Number 2P4FH4L35HRXXXXXX

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown10. Police Reported Travel Speed 0.32Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown20 mph X 1.6093 = 32 kph

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) UnknownNote: See variables 37 through 55
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit 464(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown40 mph X 1.6093 = 64 kph14. Attempted Avoidance Maneuver 10(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown15. Accident Type 89Applicable codes may be found on the
back of page two of this field form(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED			
<p>16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown</p> <p>17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown</p> <p>18. Number of Occupant Forms Submitted</p>	<p><u>1</u></p> <p><u>0</u></p> <p><u>0</u></p>	<p>24. Rollover (0) No rollover (no overturning)</p> <p><i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): _____</p> <p>(5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown</p>	
VEHICLE WEIGHT ITEMS			
<p>19. Vehicle Curb Weight _____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown</p> <p><u>2972</u> lbs X .4536 = <u>1348</u> kgs</p> <p>Source: _____</p>	<p><u>1,350</u> 0</p>	<p>25. Front Override/Underride (this Vehicle)</p> <p>26. Rear Override/Underride (this Vehicle)</p> <p>(0) No override/underride, or not an end-to-end impact</p> <p><i>Override (see specific CDC)</i> (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): _____</p> <p><i>Underride (see specific CDC)</i> (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): _____</p> <p>(7) Medium/heavy truck or bus override (9) Unknown</p>	<p><u>0</u></p> <p><u>0</u></p>
RECONSTRUCTION DATA			
<p>21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown</p> <p>22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes</p> <p>23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): _____</p> <p>(9) Unknown</p>	<p><u>0</u></p> <p><u>0</u></p> <p><u>0</u></p>	<p>HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V</p> <p>Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown</p> <p>27. Heading Angle For This Vehicle</p> <p>28. Heading Angle For Other Vehicle</p>	<p><u>27</u> <u>0</u></p> <p><u>33</u> <u>9</u></p>

Category	Configuration	ACCIDENT TYPES (Includes Intent)						BEST AVAILABLE
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 25, 26, 27	24 DECEL. 29, 30, 31	26 30 28 29 31	(EACH • 32) (EACH • 33)		
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43)		
	F. Sideswipe Angle	44 LATERAL MOVE	46 45 47		(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN		
III. Same Trafficway (Opposite Direction)	G. Head-On	50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER		(EACH • 53)			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63)		
	I. Sideswipe Angle	64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	71 73 72		(EACH • 74) (EACH • 75)		
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	79 78	80 81 83 82		(EACH • 84) (EACH • 85)		
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89		(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

<p>29. Basis for Total Delta V (highest)</p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> CRASH program—damage only routine CRASH program—damage and trajectory routine Missing vehicle algorithm <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available. 	<p>32. Lateral Component of Delta V</p> <p><i>Highest</i></p> <p><u>4.71</u> Nearest kph (highest) <u> </u> Nearest kph (secondary)</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ± 159.5 kph and above (_999) Unknown</p> <p>33. Energy Absorption</p> <p><i>Highest</i></p> <p><u>1,887.6</u> Nearest 100 joules (highest) <u> </u> Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p>
COMPUTER GENERATED DELTA V	
<p>30. Total Delta V</p> <p><i>Highest</i></p> <p><u>4.79</u> Nearest kph (highest) <u> </u> Nearest kph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>31. Longitudinal Component of Delta V</p> <p><i>Highest</i></p> <p><u>-1.83</u> Nearest kph (highest) <u> </u> Nearest kph (secondary)</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph) (±160) ± 159.5 kph and above (_999) Unknown</p>	<p>34. Confidence In Reconstruction Program Results (For Highest Delta V)</p> <p><i>Highest</i></p> <ol style="list-style-type: none"> No reconstruction Collision fits model — results appear reasonable Collision fits model — results appear high Collision fits model — results appear low Borderline reconstruction — results appear reasonable <p>35. Type of Vehicle Inspection</p> <p><i>Highest</i></p> <ol style="list-style-type: none"> No inspection Complete inspection Partial inspection (specify): _____ <p>36. Is this an AOPS Vehicle?</p> <p><i>Highest</i></p> <ol style="list-style-type: none"> No Yes - researcher determined VIN determined air bag system VIN determined automatic (passive) belts VIN determined air bag and automatic (passive) belts
<p>IS OLDMISS APPLICABLE FOR THIS VEHICLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	

37. Police Reported Other Drug Presence
 (0) No other drug(s) present
 (1) Yes [other drug(s) present]
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Drug Evaluation Classification
 (DEC) Test For Driver
 (0) No DEC process available or given
 (1) DEC process given, results known
 (2) DEC process given, results unknown
 (3) DEC process available, unknown if given
 (8) No driver present

39. Other Drug Specimen Test Type For Driver
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>
Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>
Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>
Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>
Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>
Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover

(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over

(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 10 cm in diameter)

(42) Tree ($>$ 10 cm in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 10 cm in diameter)

(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)

(52) Pole or post ($>$ 30 cm in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

OTHER DATA**56. Driver's Zip Code**

(00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 _____ Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted*(D D)***62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**

(0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

(0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**

(01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>1</u> <u>1</u> <u>2</u> . <u>2</u>	inches x 2.54 =	<u>2</u> <u>8</u> <u>5</u> cm
Overall Length	<u>1</u> <u>7</u> <u>4</u> . <u>4</u>	inches x 2.54 =	<u>4</u> <u>4</u> <u>7</u> cm
Maximum Width	<u>1</u> <u>6</u> <u>9</u> . <u>7</u>	inches x 2.54 =	<u>1</u> <u>7</u> <u>7</u> cm
Curb Weight	<u>2</u> . <u>9</u> <u>7</u> <u>2</u>	pounds x .4536 =	<u>1</u> . <u>3</u> <u>4</u> <u>8</u> kg
Average Track	<u>N/A</u> . <u>.</u>	inches x 2.54 =	<u>N/A</u> cm
Front Overhang	<u>3</u> <u>1</u> . <u>9</u>	inches x 2.54 =	<u>8</u> <u>1</u> cm
Rear Overhang	<u>2</u> <u>9</u> . <u>9</u>	inches x 2.54 =	<u>7</u> <u>6</u> cm
Undeformed End Width	<u>N/A</u> . <u>.</u>	inches x 2.54 =	<u>N/A</u> cm
Engine Size: cyl./displ.	<u>3</u> <u>0</u> <u>0</u> <u>0</u> cc	x .001 =	<u>3</u> . <u>0</u> L
	<u>1</u> <u>8</u> <u>3</u> CID	x .0164 =	<u>3</u> . <u>0</u> L

VEHICLE DAMAGE SKETCH

TIRE-WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF 2
LF 2
RR 2
LR 2

RF 2
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

Manual Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	<u>285</u>	cm
Overall Length	<u>447</u>	cm
Maximum Width	<u>177</u>	cm
Curb Weight	<u>1348</u>	kg
Average Track	<u>N/A</u>	cm
Front Overhang	<u>81</u>	cm
Rear Overhang	<u>78</u>	cm
Undeformed End Width	<u>N/A</u>	cm
Engine Size: cyl./displ.	<u>13.0</u>	L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF \pm _____ °
LF \pm _____ °
RR \pm _____ °
LR \pm _____ °

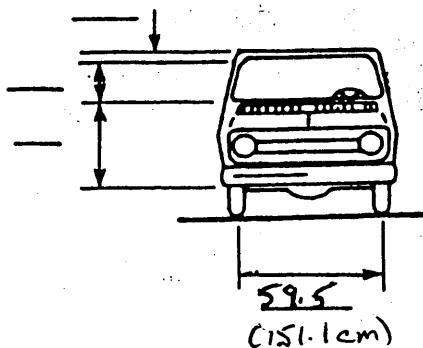
Within \pm 5 degrees

DRIVE WHEELS

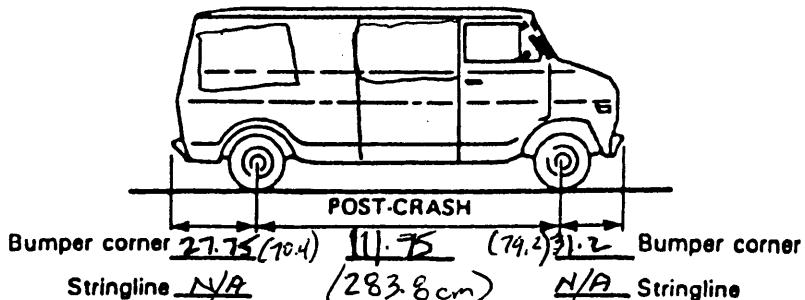
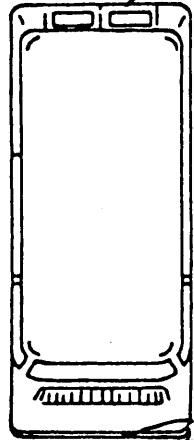
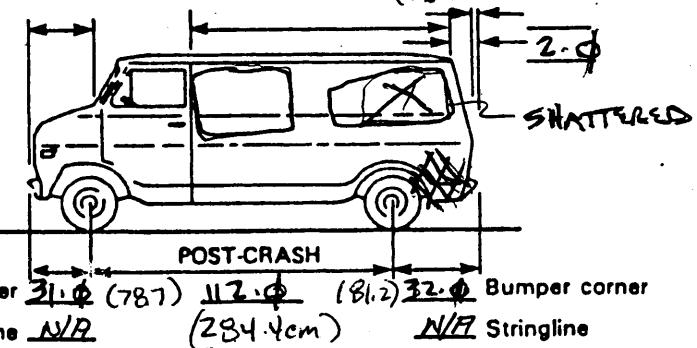
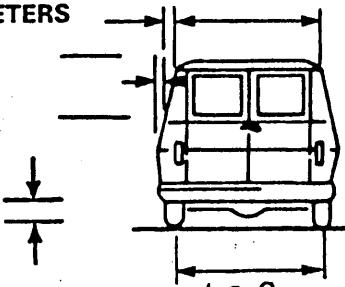
FWD RWD 4WD

Approximate Cargo Weight 0 kg

MEASUREMENTS IN CENTIMETERS



Original Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4.	<u>φ L</u>	5. <u>φ 2</u>	6. <u>φ 9</u>	7. <u>L</u>	8. <u>B</u>	9. <u>E</u>	10. <u>W</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ± D

φ 6 5 φ 1 φ φ φ φ ----- ----- ----- ----- + 0 1 1 φ

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ± D

26. Are CDCs Documented but Not Coded on The Automated File?
 (0) No
 (1) Yes

φ

27. Researcher's Assessment of Vehicle Disposition
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

φ

28. Original Wheelbase _____ Code to the nearest centimeter
 (999) Unknown

2 8 , 5

1 1 2 . 2 inches X 2.54 = 2 8 5 centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?

(0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications
 (specify): _____

(Include photograph of CERTIFICATION PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence

(0) No fire

Yes, fire occurred

(1) Minor
 (2) Major
 (9) Unknown

31. Origin of Fire

(0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

32. Type of Fuel Tank-1

33. Type of Fuel Tank-2

(0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown

34. Fuel Tank-1 Location

4

35. Fuel Tank-2 Location

4

(0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown

36. Fuel Tank-1 Filler Cap Location

4

37. Fuel Tank-2 Filler Cap Location

4

(0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown

38. Fuel Tank-1 Damage

1

39. Fuel Tank-2 Damage

4

(0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____

(9) Unknown

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

2

(0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

(2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify):
(9) Unknown

42. Fuel Type-1

Ø /

43. Fuel Type-2

Ø Ø*Single Fuel Type*

(00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify):

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify):

(98) Other Hybrid (specify):

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

Ø(0) No (one or two tanks only)*Yes - More Than Two Tanks*

(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):

(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

BEST AVAILABLE

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI - 95-SP-24
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss 98

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify): 03 & 06
- (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 2

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 2

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):
- (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 6

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 6

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 2

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify):

- (9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 2

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	∅	∅
	Deployment	∅	∅
	Failure	∅	∅

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

- Non-functional*
- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	∅	∅
	Use	∅	∅
	Type	∅	∅
	Proper Use	∅	∅
	Failure Modes	∅	∅

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system
(specify): _____

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat	2					
2. Child Safety Seat Orientation	02					
3. Child Safety Seat Harness Usage	11					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model						
		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):
INTEGRATE INTO SEAT
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

' (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

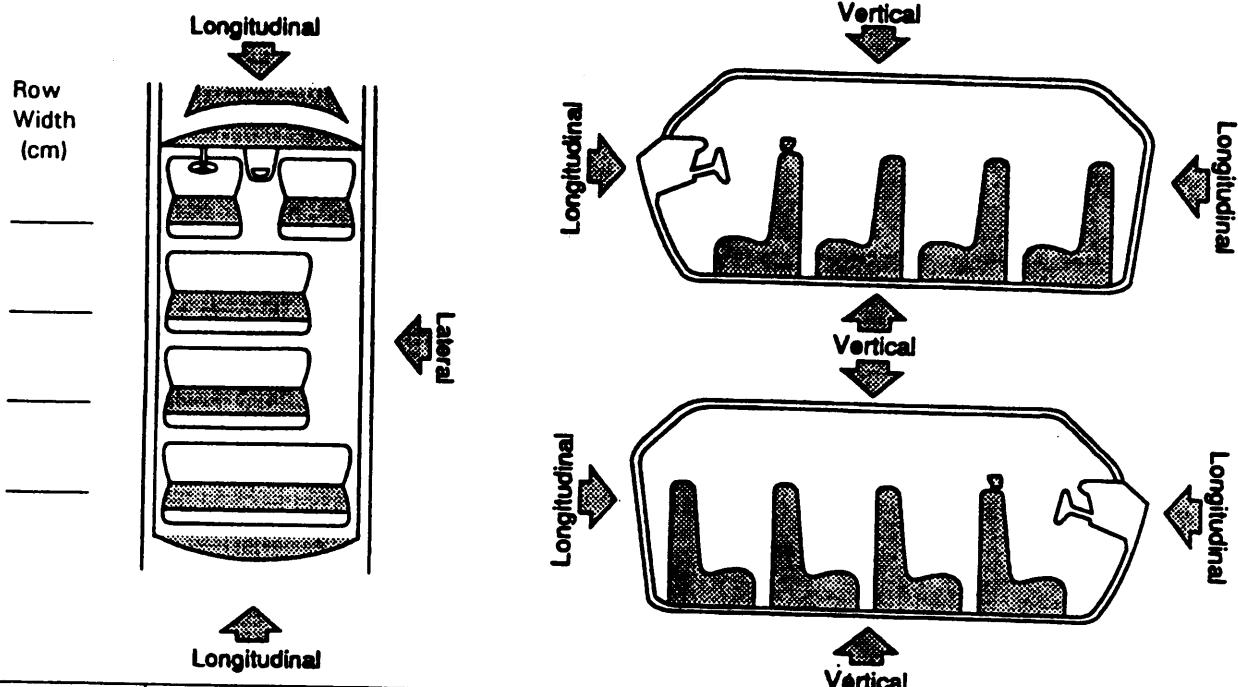
(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

INTRUSION WORKSHEET

Note: Sketch intruded areas



Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. <i>(Handwritten)</i>	65. _____	66. _____
6th	67. <i>(Handwritten)</i>	68. <i>(Handwritten)</i>	69. _____	70. _____
7th	71. <i>(Handwritten)</i>	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed
area (specify)

Third Seat
 (31) Left
 (32) Middle
 (33) Right

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

-	-	-	=	
---	---	---	---	--

	-		=	
--	---	--	---	--

-	-	-	=	
---	---	---	---	--

-	-	-	=	
---	---	---	---	--

STEERING COLUMN

87. Steering Column Type

- Fixed column
- Tilt column
- Telescoping column
- Tilt and telescoping column
- Other column type (specify):
(9) Unknown

88. Blank
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X

89. Blank
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X

90. Blank
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X

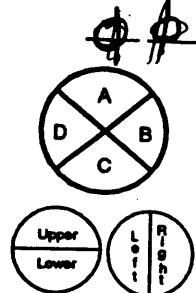
91. Blank
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X

92. Steering Rim/Spoke Deformation
Code actual measured
deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

Φ Φ**93. Location of Steering Rim/Spoke Deformation***Quarter Sections*

- Section A
- Section B
- Section C
- Section D

*Half Sections*

- Upper half of rim/spoke
- Lower half of rim/spoke
- Left half of rim/spoke
- Right half of rim/spoke
- Complete steering wheel collapse
- Undetermined location
- Unknown

INSTRUMENT PANEL**94. Odometer Reading**224,000

kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

139.Φ37 miles × 1.6093 = 223.752 kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact?

- No
- Yes
- Unknown

Φ**96. Knee Bolsters Deformed from Occupant Contact?**

- No
- Yes
- Not present
- Unknown

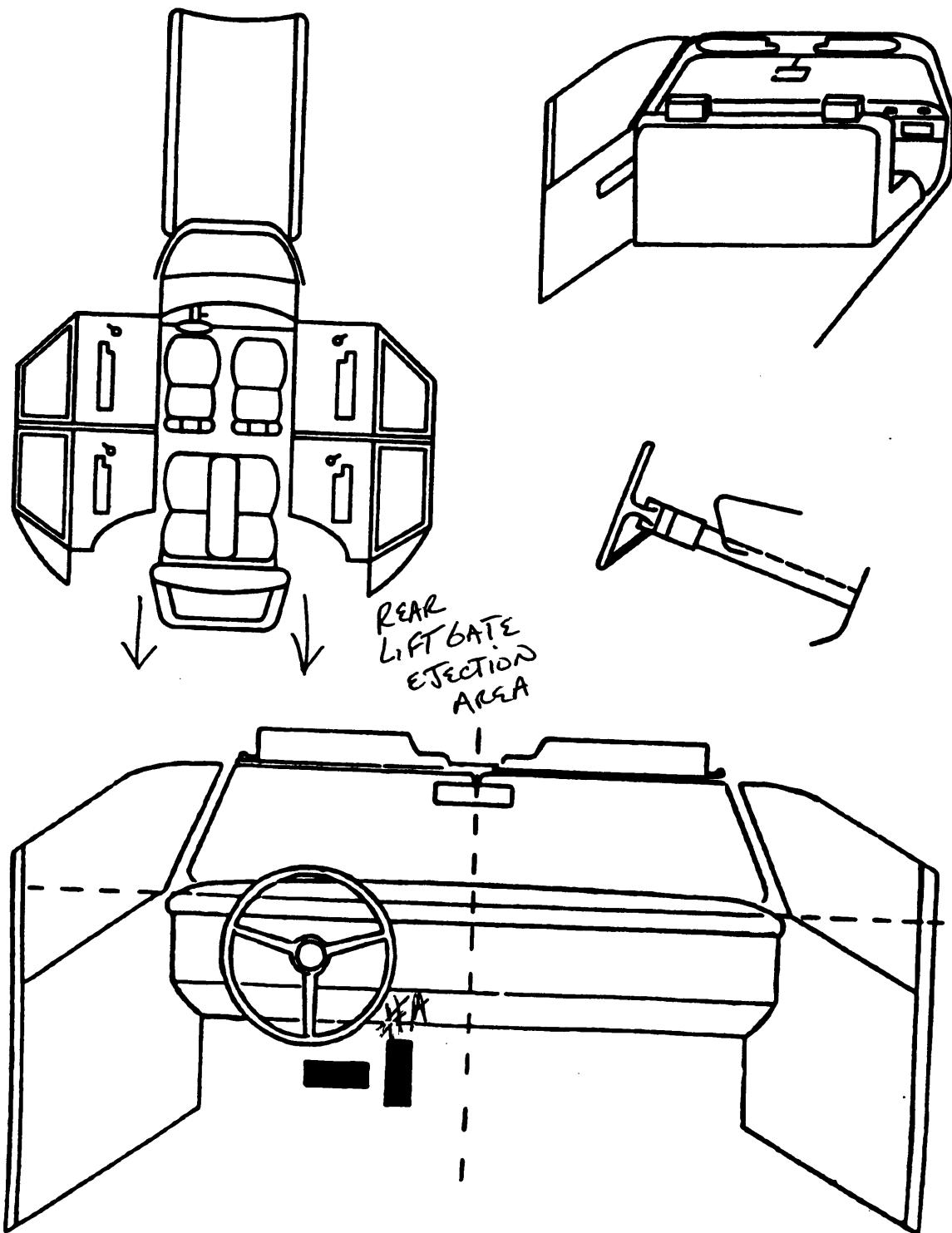
8**97. Did Glove Compartment Door Open During Collision(s)?**

- No
- Yes
- Not present
- Unknown

Φ

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	φ9	φ1	L6b	FRONT DAMAGED MOLDING	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

(23) Left B-pillar

(24) Other left pillar (specify): _____

(25) Left side window glass or frame

(28) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

(27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

(37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify): _____

(47) Interior loose objects

(48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4		4
	Evidence of usage	Φ4	ΦΦ	Φ4
	Used in this crash?	YES	ΦΦ	YES
	Proper Use	YES	ΦΦ	YES
	Failure Modes	1	Φ	1
S E C O N D	Availability	Φ	Φ	Φ
	Evidence of usage	ΦΦ	ΦΦ	ΦΦ
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ
O T H E R	Availability	3	3	3
	Evidence of usage	Φ3	Φ3	Φ3
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used - type unknown _____
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat _____
- (13) Lap belt used with child safety seat _____
- (14) Lap and shoulder belt used with child safety seat _____
- (15) Belt used with child safety seat - type unknown _____
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	/	Φ	/
	Seat Type	Φ/	ΦΦ	Φ/
	Seat Performance	/	Φ	/
	Seat Orientation	/	Φ	/
S E C O N D	Head Restraint Type/Damage	8	Φ	Φ
	Seat Type	Φ3	ΦΦ	Φ3
	Seat Performance	/	Φ	/
	Seat Orientation	/	Φ	/
T H I R D	Head Restraint Type/Damage	Φ	Φ	Φ
	Seat Type	Φ3	Φ3	Φ3
	Seat Performance	4	4	4
	Seat Orientation	/	/	/
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:
INTEGRAL WHEN USED AS CHILD SEAT
- (9) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number	φ5	φb				
Ejection	1	1				
(Note on Vehicle Interior Sketch) Ejection Area	b	b				
Ejection Medium	1	1				
Medium Status	2	2				

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify): _____
- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT

No Yes []

Describe entrapment mechanism:

Component(s): _____

(Note in vehicle interior diagram)

Interview Form

Case Number: DSI-95-SP-24
Vehicle Number: 01
Interviewee: Driver
Accident Date/Time: Winter weekday/early evening hours

Description of Accident

I was going west coming up to the stop sign, and I wasn't going any faster than 32 KPH (20 MPH). When I stepped on the brake it slowed me down, but I wasn't stopping. I rolled into the intersection and I was about to try the emergency brake. I saw the other cars lights coming right at me. I stepped on the accelerator to try to get across the intersection. I thought I had made it but the right front corner of the other car caught my back end. The van started spinning around to the left.

When I came to a stop we were facing in the opposite direction we were coming from. My sons that had been in the back seat were laying on the ground on top of the seat. Somehow the seat had released itself, and it fell out. They still had their seat belts on. There was glass all over the inside of the van.

My left knee hurt because I think I hit it on the dashboard. We went to see the other car and he was saying his legs hurt. The other car had an airbag, and it was opened.

Three of my sons were complaining of pain a couple of days later so we took them to the clinic to get them checked out.

Seat Position	Left Front	Right Front	Left Center
Age/Sex	40/male	15/male	4/male
Height/Weight	180 cm/71 kg.	168 cm/54 kg	94 cm/18 kg
Posture	Normal	Normal	Normal
Ejection	No	No	No
Entrapment	No	No	No
Restraint Type	Lap & Shoulder	Lap/shoulder	Integrated child seat
Usage/Failures	Use/none	Used/none	Used/none
Treatment	None	None	3 days later at a medical clinic
Time in hospital	None	None	None
Lost working days	None	N/A	N/A

Seat Position	Right Center	Left Rear	Right Rear
Age/Sex	18/male	14/male	16/male
Height/Weight	178 cm/58 kg.	183 cm/52 kg	185 cm/58 kg
Posture	Normal	Normal	Normal
Ejection	Yes	Yes	Yes
Entrapment	No	No	No
Restraint Type	None	Lap	Lap
Usage/Failures	None	Used/none	Used/none
Treatment	None	2 days later at a medical clinic	2 days later at a medical clinic
Time in hospital	None	None	None
Lost working days	None	N/A	N/A



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number phi 1
4. Occupant Number phi 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 4 phi
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 180
Code actual height to the nearest centimeter.
(999) Unknown

71 inches X 2.54 = 180 centimeters
8. Occupant's Weight phi 71
Code actual weight to the nearest kilogram.
(999) Unknown

157 pounds X .4536 = phi 71 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11*Front Seat*

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture phi*Normal posture*

- (0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>4</p>	<p>21. Air Bag System Availability/Function</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled (9) Unknown</p>	<p>4</p>
<p>18. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____ (03) Lap belt _____ (04) Lap and shoulder belt _____ (05) Belt used—type unknown _____ (08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): _____ (99) Unknown if belt used _____</p>	<p>4</p>	<p>22. Air Bag System Deployment</p> <p>(0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown</p>	<p>4</p>
<p>19. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____ (9) Unknown _____</p>	<p>L</p>	<p>23. Are There Indications of Air Bag System Failure?</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____</p> <p>(9) Unknown _____</p>	<p>4</p>
<p>Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts</p>			
<p>20. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____ (9) Unknown _____</p>	<p>1</p>	<p>24. Police Reported Restraint Use</p> <p>(0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): _____</p> <p>(8) Restrained, type unknown (9) Police indicated "unknown"</p>	<p>4</p>

HEAD RESTRAINT AND SEAT EVALUATION**25. Head Restraint Type/Damage by Occupant at This Occupant Position**

(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

26. Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model**

(000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

*(P P P)***31. Child Safety Seat Harness Usage***(P P)***29. Type of Child Safety Seat**

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(P)

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

*(P P)**Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death**41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/**

Function
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

(6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

[] Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO YES

BEST AVAILABLE

UPDATE CANDIDATE?

NO YES

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score
(at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

DP

51. Was the Occupant Given Blood?

(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

L

52. Arterial Blood Gases (ABG) - HCO₃

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported , HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

DP

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

L



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number Ø 1
4. Occupant Number Ø 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 15
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 168
Code actual height to the nearest centimeter.
(999) Unknown
64 inches X 2.54 = 168 centimeters
8. Occupant's Weight Ø 54
Code actual weight to the nearest kilogram.
(999) Unknown
12 Ø pounds X .4536 = Ø 54 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____
(99) Unknown11. Occupant's Posture Ø*Normal posture*

- (1) Kneeling or standing on seat
- (2) Lying on or across seat

- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window

- (5) Sitting on a console
- (6) Lying back in a reclined seat position

- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____

- (9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Are There Indications of Air Bag System Failure?

(0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

26. Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model
 (000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

p p p

p

31. Child Safety Seat Harness Usage

p p

32. Child Safety Seat Shield Usage

p p

33. Child Safety Seat Tether Usage

p p

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used
 (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

97

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

44

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death44**41. 2nd Medically Reported Cause of Death**44**42. 3rd Medically Reported Cause of Death**44

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant44

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO YES []

BEST AVAILABLE

UPDATE CANDIDATE?

NO YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

DP DP

51. Was the Occupant Given Blood?

(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

1

52. Arterial Blood Gases (ABG) – HCO₃

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported , HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

DP DP

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

2



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number ⌂ 1
4. Occupant Number ⌂ 3

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age ⌂ 4
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex ⌂ 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height ⌂ 94
Code actual height to the nearest centimeter.
(999) Unknown
 $37 \text{ inches} \times 2.54 = 94 \text{ centimeters}$
8. Occupant's Weight ⌂ 18
Code actual weight to the nearest kilogram.
(999) Unknown
 $140 \text{ pounds} \times .4536 = 64 \text{ kilograms}$
9. Occupant's Role ⌂ 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position ⌂ 1

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture ⌂ 1

Normal posture

(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
- (8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown _____
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

1

27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

1

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

4 3

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

9 5 6

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

2

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

Ø 2*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

11

32. Child Safety Seat Shield Usage

Ø 3

33. Child Safety Seat Tether Usage

Ø 3

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

37. Hospital Stay

(00) Not Hospitalized

Code the number of days (up through 60)
that the occupant stayed in hospital.

(61) 61 days or more

(99) Unknown

38. Working Days Lost

Code the number of days
(up through 60) that the occupant
lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

97

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER****39. Time to Death**

Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

✓ ✓

40. 1st Medically Reported Cause of Death

✓ ✓

41. 2nd Medically Reported Cause of Death

✓ ✓

42. 3rd Medically Reported Cause of Death

✓ ✓

Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

(97) Other result (includes fatal ruled
disease) (specify):

(99) Unknown

**43. Number of Recorded Injuries for
This Occupant**

✓ 1

Code the actual number of
injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function

- Not equipped/not available
- 2 point automatic belts
- 3 point automatic belts
- Automatic belts - type unknown

Non-functional

- Automatic belts destroyed or rendered inoperative
- Unknown

45. Automatic (Passive) Belt System Use

- Not equipped/not available/destroyed or rendered inoperative
- Automatic belt in use
- Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- Automatic belt use unknown
- Unknown

46. Automatic (Passive) Belt System Type

- Not equipped/not available
- Non-motorized system
- Motorized system
- Unknown

47. Proper Use of Automatic (Passive) Belt System

- Not equipped/not available/not used
- Automatic belt used properly
- Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- Automatic shoulder belt worn under arm
- Automatic shoulder belt worn behind back
- Automatic belt worn around more than one person
- Lap portion of automatic belt worn on abdomen
- Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- Other improper use of automatic belt system (specify): _____
- Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- Not equipped/not available/not in use
- No automatic belt failure(s)
- Torn webbing (stretched webbing not included)
- Broken buckle or latchplate
- Upper anchorage separated
- Other anchorage separated (specify):

- Broken retractor
- Combination of above (specify):
- Other automatic belt failure (specify):
- Unknown

49. Seat Orientation (this Occupant Position)

- Occupant not seated or no seat
- Forward facing seat
- Rear facing seat
- Side facing seat (inward)
- Side facing seat (outward)
- Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify): _____

Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES

BEST AVAILABLE

UPDATE CANDIDATE?

NO YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score
(at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

02

51. Was the Occupant Given Blood?

(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

1

52. Arterial Blood Gases (ABG) - HCO₃

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

01

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

1



U.S. Department of Transportation

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
 2. Case Number - Stratum DSI-95-SP-24

3. Vehicle Number

4. Occupant Number

D 1
D 3

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. 7	6. 2	7. 9	8. D 4	9. D 2	10. 1	11. 7	12. 4 b	13. 1	14. 1	15. D 0
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

(9) Police

INJURY SOURCE

FRONT

- (O1) Windshield
- (O2) Mirror
- (O3) Sunvisor
- (O4) Steering wheel rim
- (O5) Steering wheel hub/spoke
- (O6) Steering wheel (combination of codes O4 and O5)
- (O7) Steering column, transmission selector lever, other attachment
- (O8) Add on equipment (e.g., CB, tape deck, air conditioner)
- (O9) Left instrument panel and below
- (O10) Center instrument panel and below
- (O11) Right instrument panel and below
- (O12) Glove compartment door
- (O13) Knee bolster
- (O14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (O15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (O16) Driver side air bag compartment cover
- (O17) Passenger side air bag compartment cover
- (O18) Windshield reinforced by exterior object (specify): _____
- (O19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

(35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers) -
- (46) Other occupants (specify): UNREGISTERED OCCUPANT #4
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (66) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head

- (2) Face

- (3) Neck

- (4) Thorax

- (5) Abdomen

- (6) Spine

- (7) Upper Extremity

- (8) Lower Extremity

- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area

- (2) Vessels

- (3) Nerves

- (4) Organs (includes muscles/ligaments)

- (5) Skeletal (includes joints)

- (6) Head - LOC

- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion

- (04) Skin - Contusion

- (06) Skin - Laceration

- (08) Skin - Avulsion

- (10) Amputation

- (20) Burn

- (30) Crush

- (40) Degloving

- (50) Injury - NFS

- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC

- (04, 06, 08) Level of Consciousness

- (10) Concussion

Spine

- (02) Cervical

- (04) Thoracic

- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 89 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury

- (2) Moderate injury

- (3) Serious injury

- (4) Severe injury

- (5) Critical injury

- (6) Maximum (untreatable)

- (7) Injured, unknown severity

Aspect

- (1) Right

- (2) Left

- (3) Bilateral

- (4) Central

- (5) Anterior

- (6) Posterior

- (7) Superior

- (8) Inferior

- (9) Unknown

- (0) Whole region

BEST AVAILABLE

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

HEADACHE

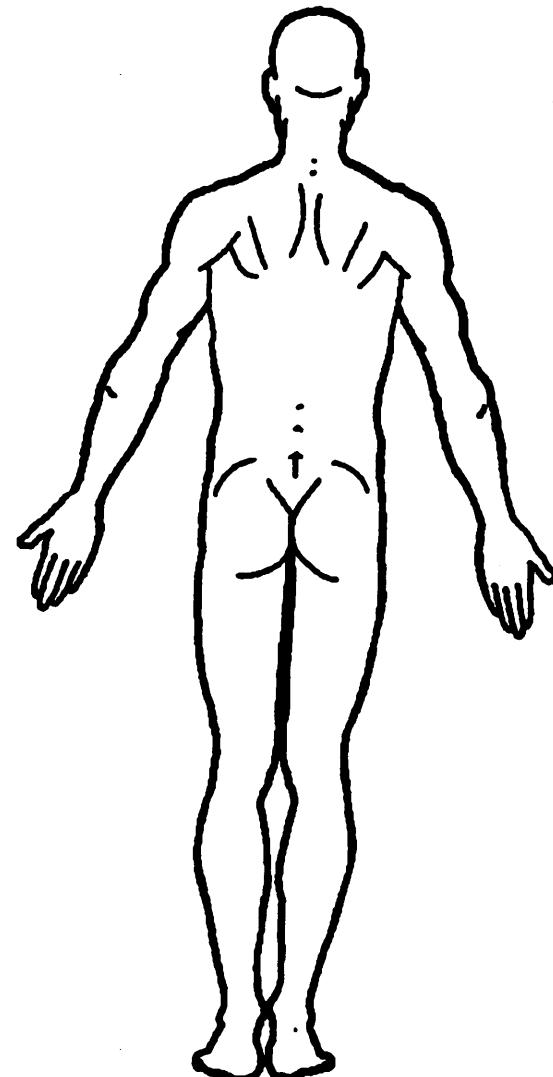
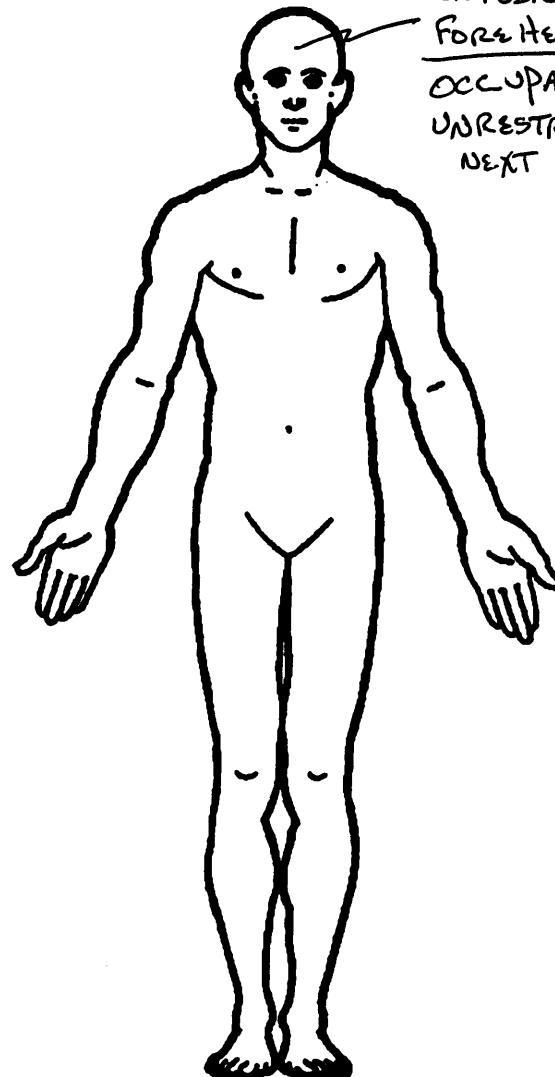
CONTUSION TO

FOR HEAD

OCCUPANT #4

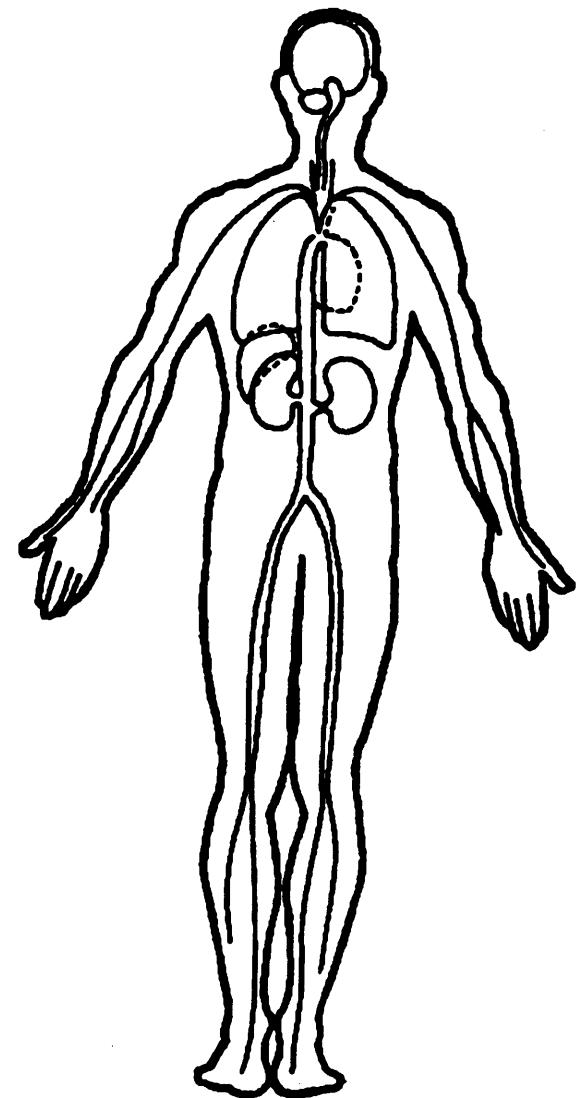
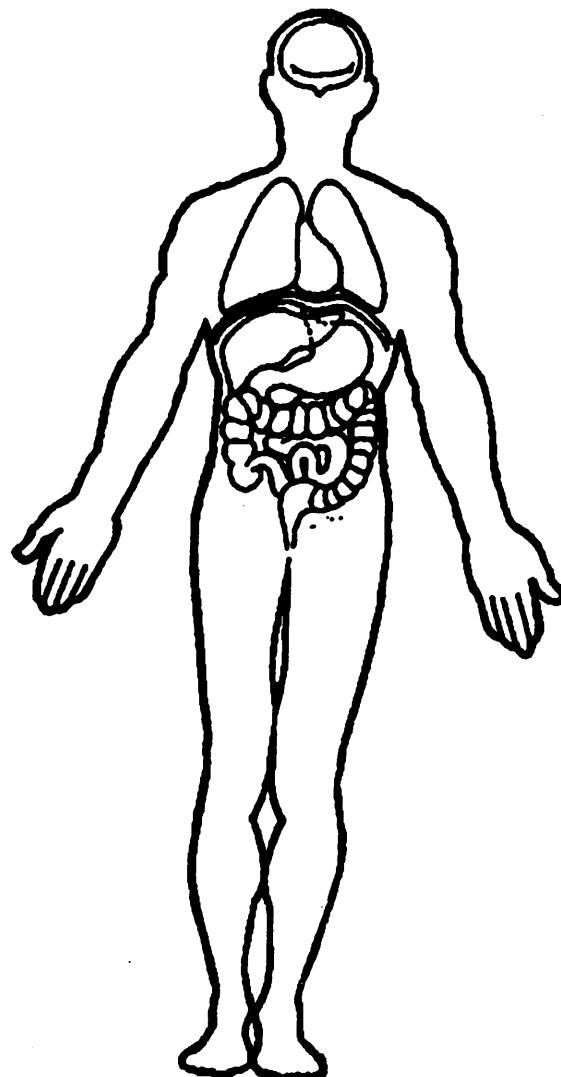
UNRESTRAINED

NEXT TO HIM



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number phi 1
4. Occupant Number phi 4

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 18
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 178
Code actual height to the nearest centimeter.
(999) Unknown
74 inches X 2.54 = 178 centimeters
8. Occupant's Weight phi 58
Code actual weight to the nearest kilogram.
(999) Unknown
127 pounds X .4536 = phi 58 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position Z3
Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture phi
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown _____

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(7) Other (specify): _____
(8) Unknown

4

26. Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):
(10) Box mounted seat (i.e., van type)
(99) Unknown

4 3

27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

1

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

✓ ✓ ✓

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

✓

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

✓ ✓*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

✓ ✓

32. Child Safety Seat Shield Usage

✓ ✓

33. Child Safety Seat Tether Usage

✓ ✓Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

97

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER

39. Time to Death

66

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death

41. 2nd Medically Reported Cause of Death

42. 3rd Medically Reported Cause of Death

66

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

66

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify): _____

Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED
WITH INITIAL SUBMISSION?

NO YES

UPDATE CANDIDATE?

NO YES

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

∅ ∅

51. Was the Occupant Given Blood?

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

1

52. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

∅ ∅

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

1



OCCUPANT ASSESSMENT FORM

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DST-95-SP-24
3. Vehicle Number ♂ 1
4. Occupant Number ♂ 5

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 14
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex ♂
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 183
Code actual height to the nearest centimeter.
(999) Unknown
 $72 \text{ inches} \times 2.54 = 183 \text{ centimeters}$
8. Occupant's Weight ♂ 52
Code actual weight to the nearest kilogram.
(999) Unknown
 $115 \text{ pounds} \times .4536 = 52 \text{ kilograms}$
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 31

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture ♂

Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

1

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

b

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

d

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(19) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify):
 (9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown _____

3

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

Φ

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

Φ

23. Are There Indications of Air Bag System Failure?

(0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown _____

Φ

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

Φ

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
(99) Unknown

b

27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

4

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

 Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

 Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

37. Hospital Stay

(00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

97

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death

_____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death

DP DP

41. 2nd Medically Reported Cause of Death

DP DP

42. 3rd Medically Reported Cause of Death

DP DP

_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

PS

_____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- Driver/occupant interview
- [] Other (specify):

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES

UPDATE CANDIDATE?

NO YES []

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

**50. Glasgow Coma Scale (GCS) Score
(at Medical Facility)**

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

01

51. Was the Occupant Given Blood?

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

1

52. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

01

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

3



U.S. Department of Transportation

National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____

3. Vehicle Number Ø 12. Case Number - Stratum DST-95-SP-244. Occupant Number Ø 5

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5Ø</u>	9. <u>99</u>	10. <u>7</u>	11. <u>Ø</u>	12. <u>26</u>	13. <u>2</u>	14. <u>2</u>	15. <u>ØØ</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>Ø2</u>	20. <u>78</u>	21. <u>1</u>	22. <u>6</u>	23. <u>24</u>	24. <u>2</u>	25. <u>2</u>	26. <u>ØØ</u>
3rd	27. <u>4</u>	28. <u>6</u>	29. <u>4</u>	30. <u>Ø6</u>	31. <u>78</u>	32. <u>1</u>	33. <u>8</u>	34. <u>26</u>	35. <u>2</u>	36. <u>2</u>	37. <u>ØØ</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>9</u>	41. <u>Ø4</u>	42. <u>Ø2</u>	43. <u>1</u>	44. <u>2</u>	45. <u>26</u>	46. <u>2</u>	47. <u>1</u>	48. <u>ØØ</u>
5th	49. <u>4</u>	50. <u>8</u>	51. <u>9</u>	52. <u>Ø4</u>	53. <u>Ø2</u>	54. <u>1</u>	55. <u>2</u>	56. <u>26</u>	57. <u>2</u>	58. <u>1</u>	59. <u>ØØ</u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

- (9) Police _____

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood

- (74) Hood ornament

- (75) Windshield, roof rail, A-pillar

- (76) Side surface

- (77) Side mirrors

- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage

- (81) Tires and wheels

- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify)

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

Body Region

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints

are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

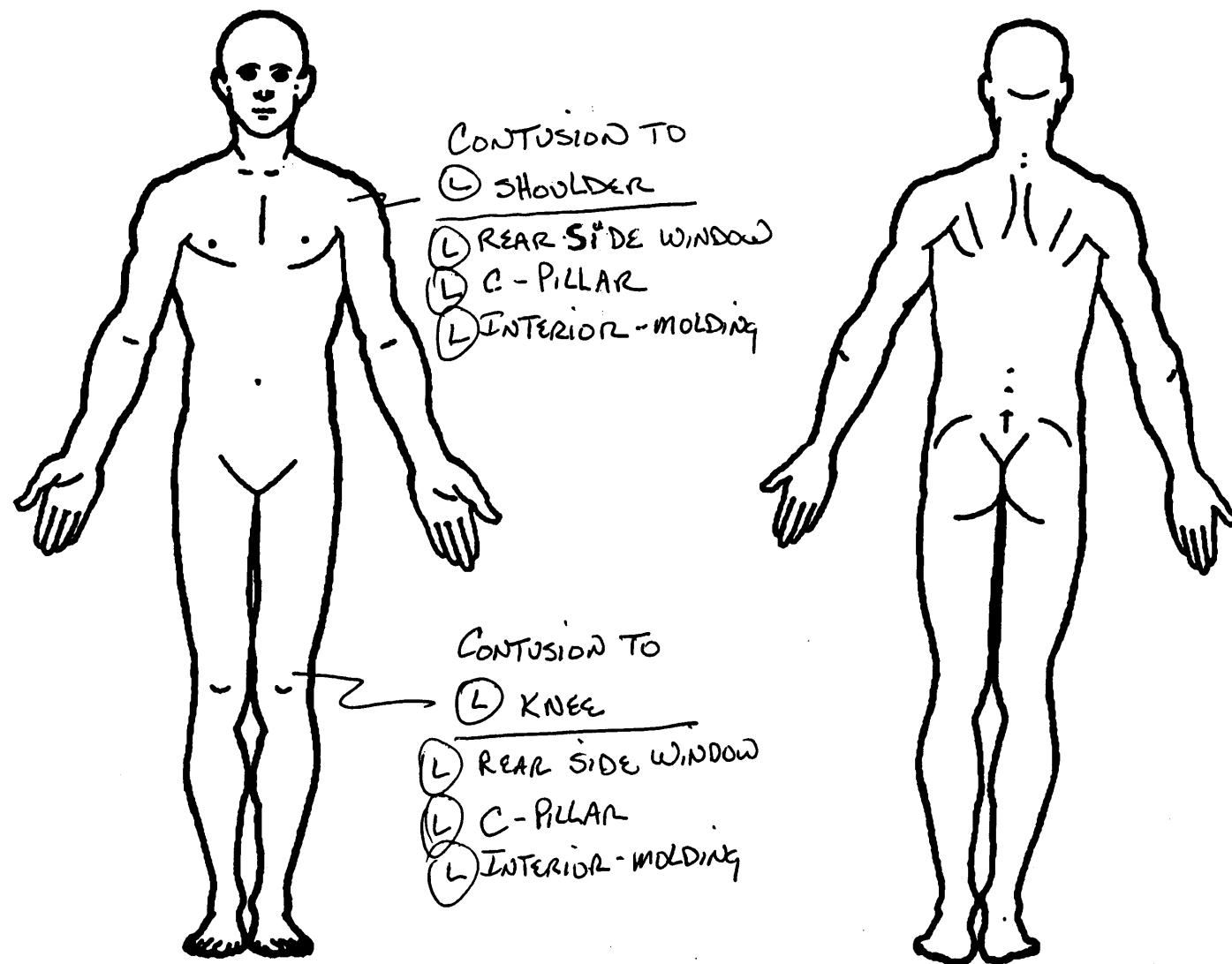
Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

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OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No
 Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

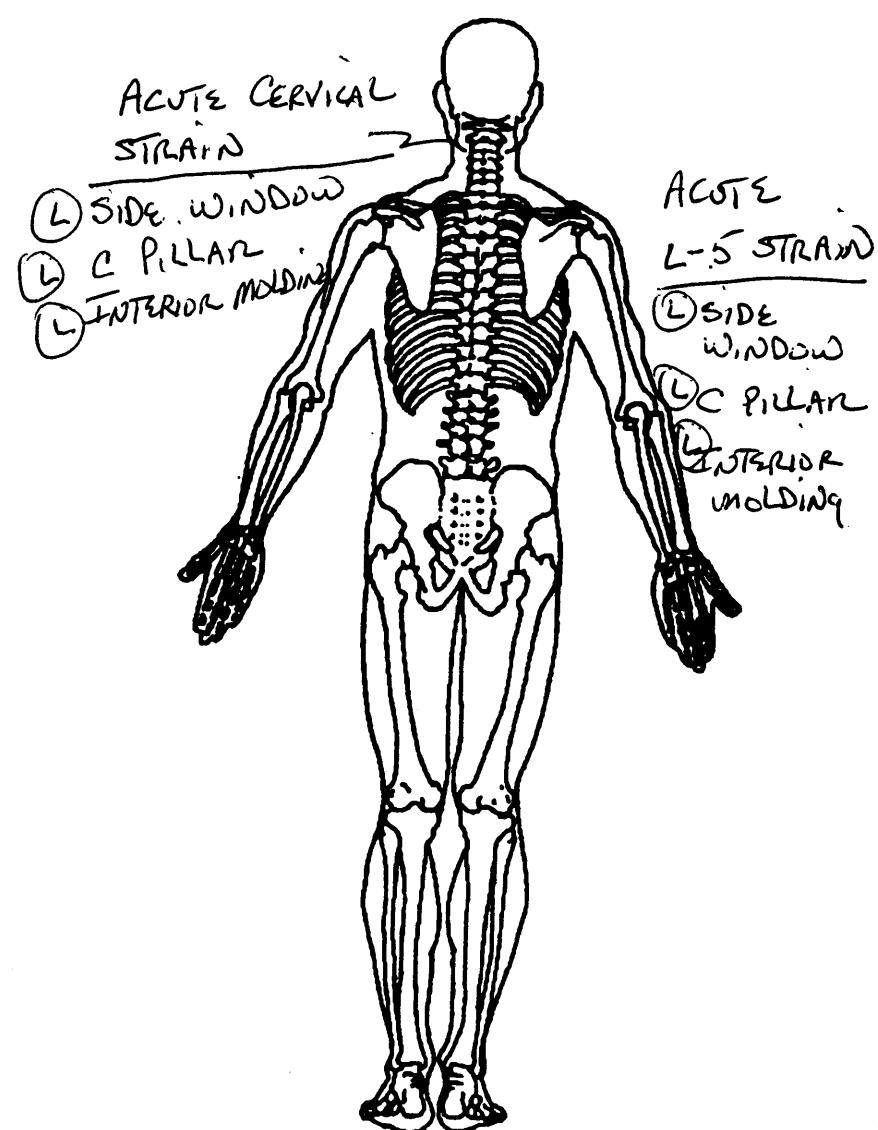
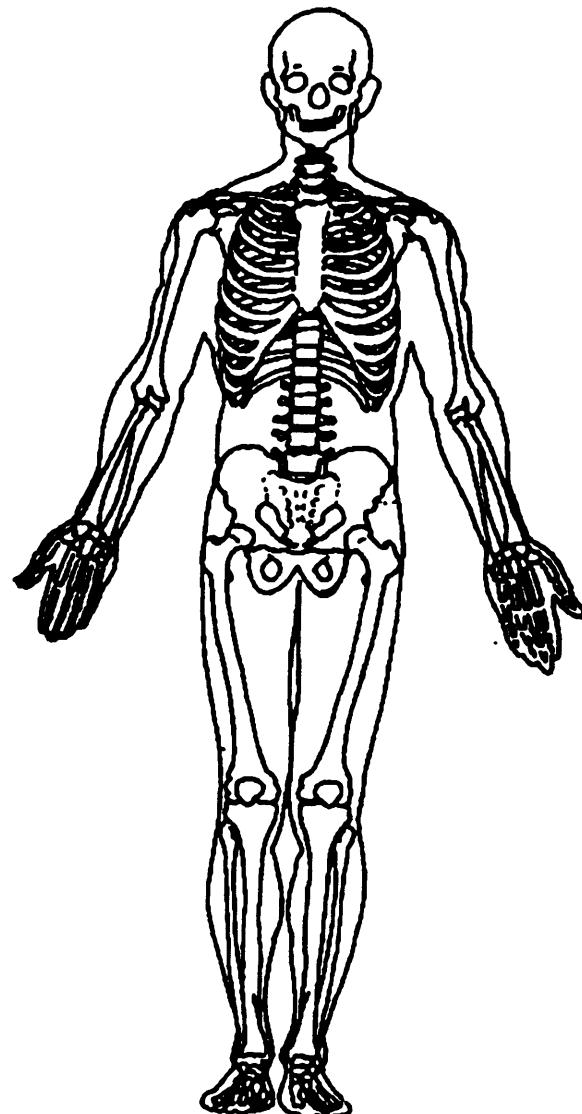
Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ = _____HCO₃ = _____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

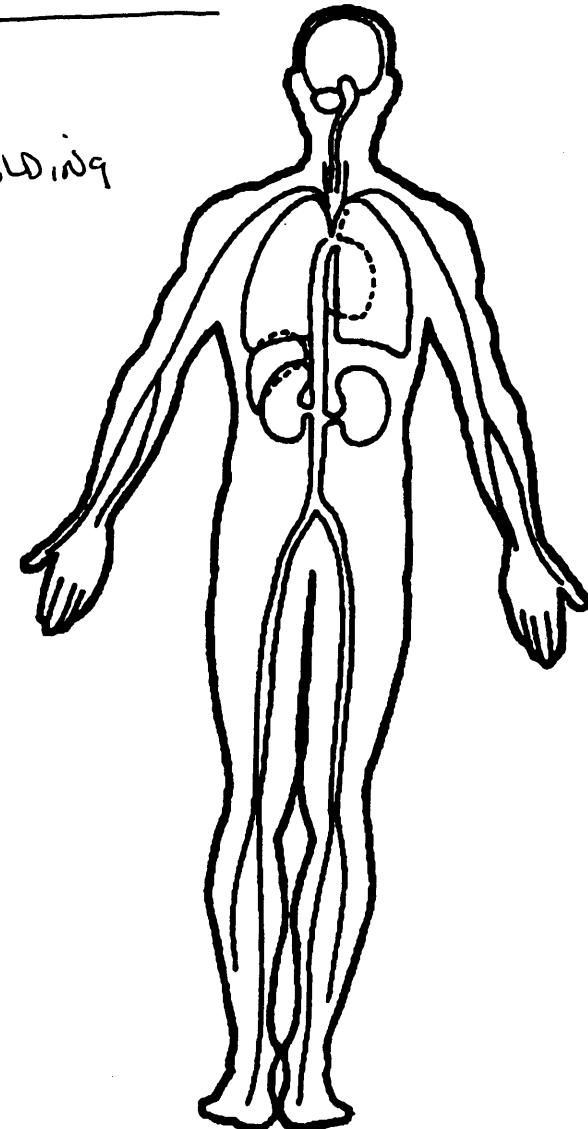
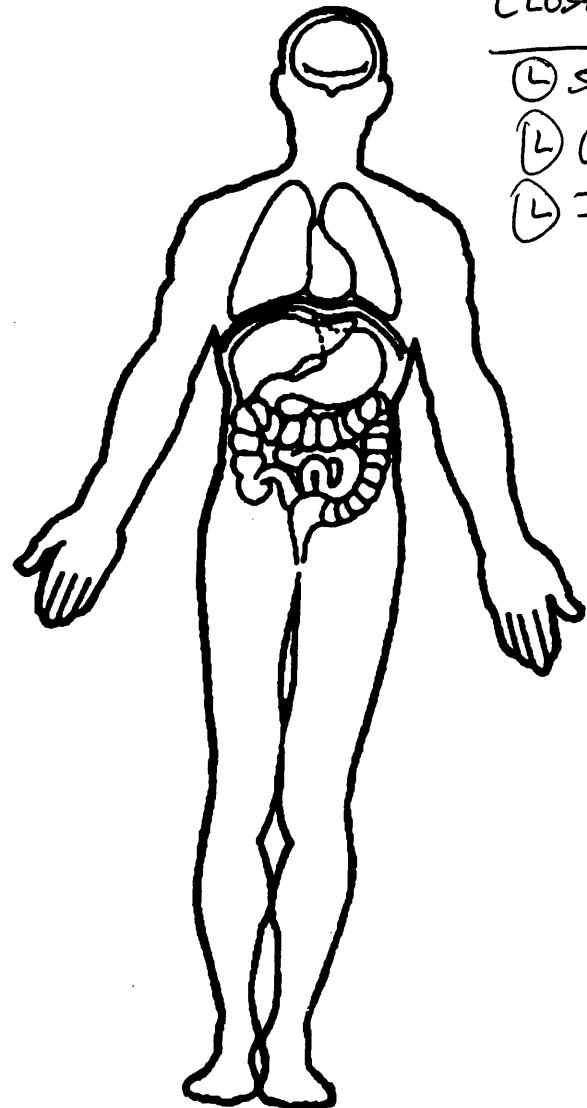


OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

CLOSED HEAD INJURY-NFS

- (L) SIDE WINDOW
- (L) C PILLAR
- (L) INTERIOR - MOLDING





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DST-95-SP-24
3. Vehicle Number 61
4. Occupant Number 66

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 185
Code actual height to the nearest centimeter.
(999) Unknown

 $73 \text{ inches} \times 2.54 = 185 \text{ centimeters}$
8. Occupant's Weight 65.8
Code actual weight to the nearest kilogram.
(999) Unknown

 $127 \text{ pounds} \times .4536 = 58 \text{ kilograms}$
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 33

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 6
(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

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EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

1

15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

6

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

D

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

14. Ejection Medium

1

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify): _____
 (9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other manual belt failure (specify):
 (9) Unknown _____

3

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

6. Ø

23. Are There Indications of Air Bag System Failure?

(0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

Ø

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

Ø

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

CP

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

CP 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

(b)(6)

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(b)

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

*(b)(6)**Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

'Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

(b)(6)

32. Child Safety Seat Shield Usage

(b)(6)

33. Child Safety Seat Tether Usage

*(b)(6)*Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality b

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 3

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay Ø Ø

- (00) Not Hospitalized

Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

Code the number of days
(up through 60) that the occupant
lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

97

STOP - GO TO VARIABLE 44 ON PAGE 7

**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**

39. Time to Death

Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

Ø Ø

40. 1st Medically Reported Cause of Death

Ø Ø

41. 2nd Medically Reported Cause of Death

Ø Ø

42. 3rd Medically Reported Cause of Death

Ø Ø

Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

(99) Unknown

**43. Number of Recorded Injuries for
This Occupant**

Ø 4

Code the actual number of
injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function**

(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify): _____

Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO YES

UPDATE CANDIDATE?

NO YES

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 12
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 1
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported , HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 3
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



U.S. Department of Transportation

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
 2. Case Number - Stratum DSI - 95-SP-24

3. Vehicle Number Φ 14. Occupant Number Φ 6

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5Φ</u>	9. <u>99</u>	10. <u>7</u>	11. <u>Φ</u>	12. <u>26</u>	13. <u>2</u>	14. <u>2</u>	15. <u>ΦΦ</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>Φ 2</u>	20. <u>7 8</u>	21. <u>1</u>	22. <u>6</u>	23. <u>26</u>	24. <u>2</u>	25. <u>2</u>	26. <u>ΦΦ</u>
3rd	27. <u>4</u>	28. <u>7</u>	29. <u>5</u>	30. <u>1Φ</u>	31. <u>2Φ</u>	32. <u>1</u>	33. <u>2</u>	34. <u>26</u>	35. <u>2</u>	36. <u>2</u>	37. <u>ΦΦ</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>5</u>	41. <u>12</u>	42. <u>1 2</u>	43. <u>1</u>	44. <u>2</u>	45. <u>26</u>	46. <u>2</u>	47. <u>1</u>	48. <u>ΦΦ</u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

(9) Police

INJURY SOURCE

FRONT

- (O1) Windshield
- (O2) Mirror
- (O3) Sunvisor
- (O4) Steering wheel rim
- (O5) Steering wheel hub/spoke
- (O6) Steering wheel (combination of codes O4 and O5)
- (O7) Steering column, transmission selector lever, other attachment
- (O8) Add on equipment (e.g., CB, tape deck, air conditioner)
- (O9) Left instrument panel and below
- (O10) Center instrument panel and below
- (O11) Right instrument panel and below
- (O12) Glove compartment door
- (O13) Knee bolster
- (O14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (O15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (O16) Driver side air bag compartment cover
- (O17) Passenger side air bag compartment cover
- (O18) Windshield reinforced by exterior object (specify): _____
- (O19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

(35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____

(47) Interior loose objects

(48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (81) Backlight storage rack, door, etc.
- (82) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

(73) Hood

(74) Hood ornament

(75) Windshield, roof rail, A-pillar

(76) Side surface

(77) Side mirrors

(78) Other side protrusions (specify): _____

(79) Rear surface

(80) Undercarriage

(81) Tires and wheels

(82) Other exterior of other motor vehicle (specify): _____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

Body Region

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02.

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

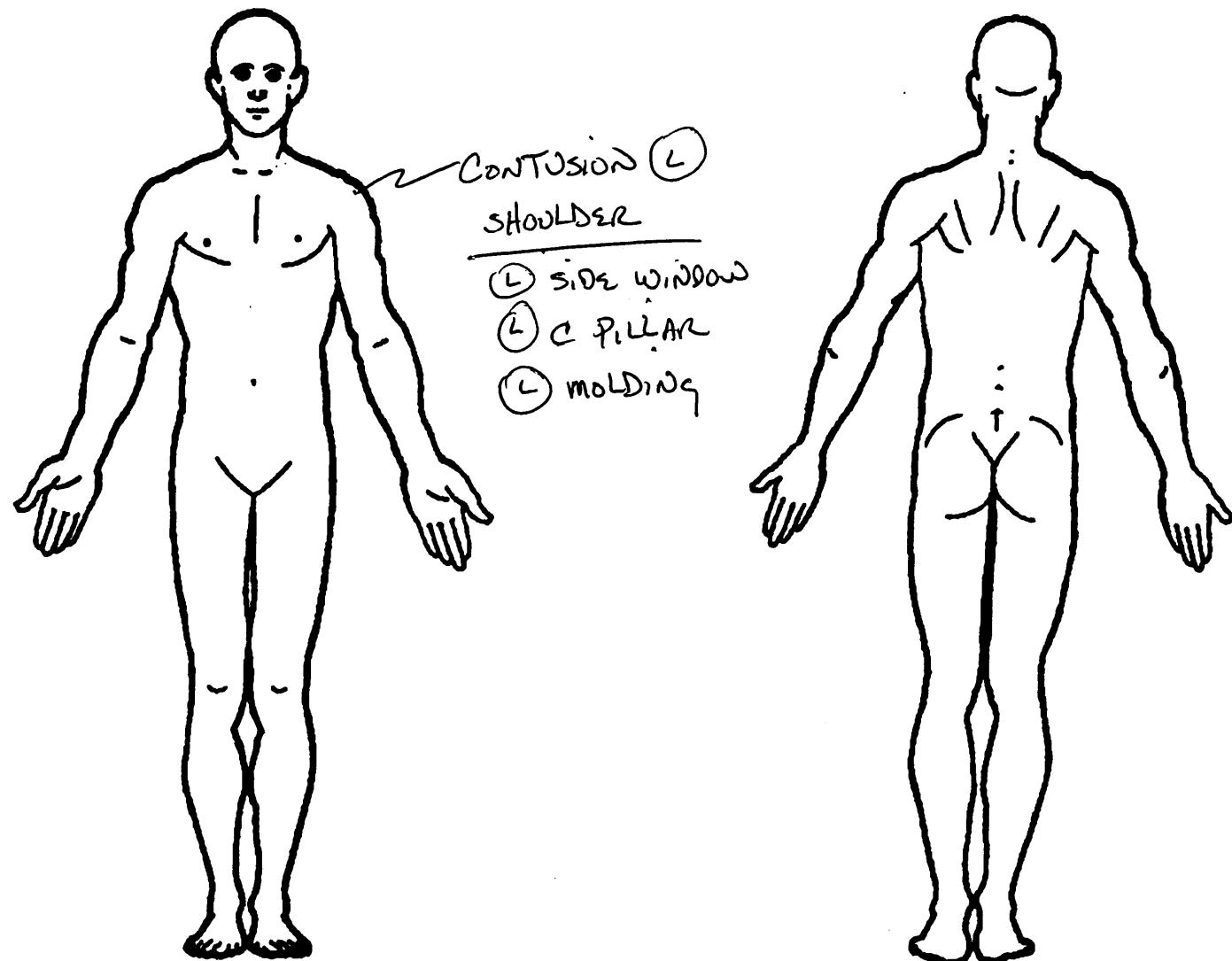
- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

No
 Yes

Blood Alcohol Level (mg/dL)

BAL = _____

Glasgow Coma Scale Score

GCS = _____

Units of Blood Given

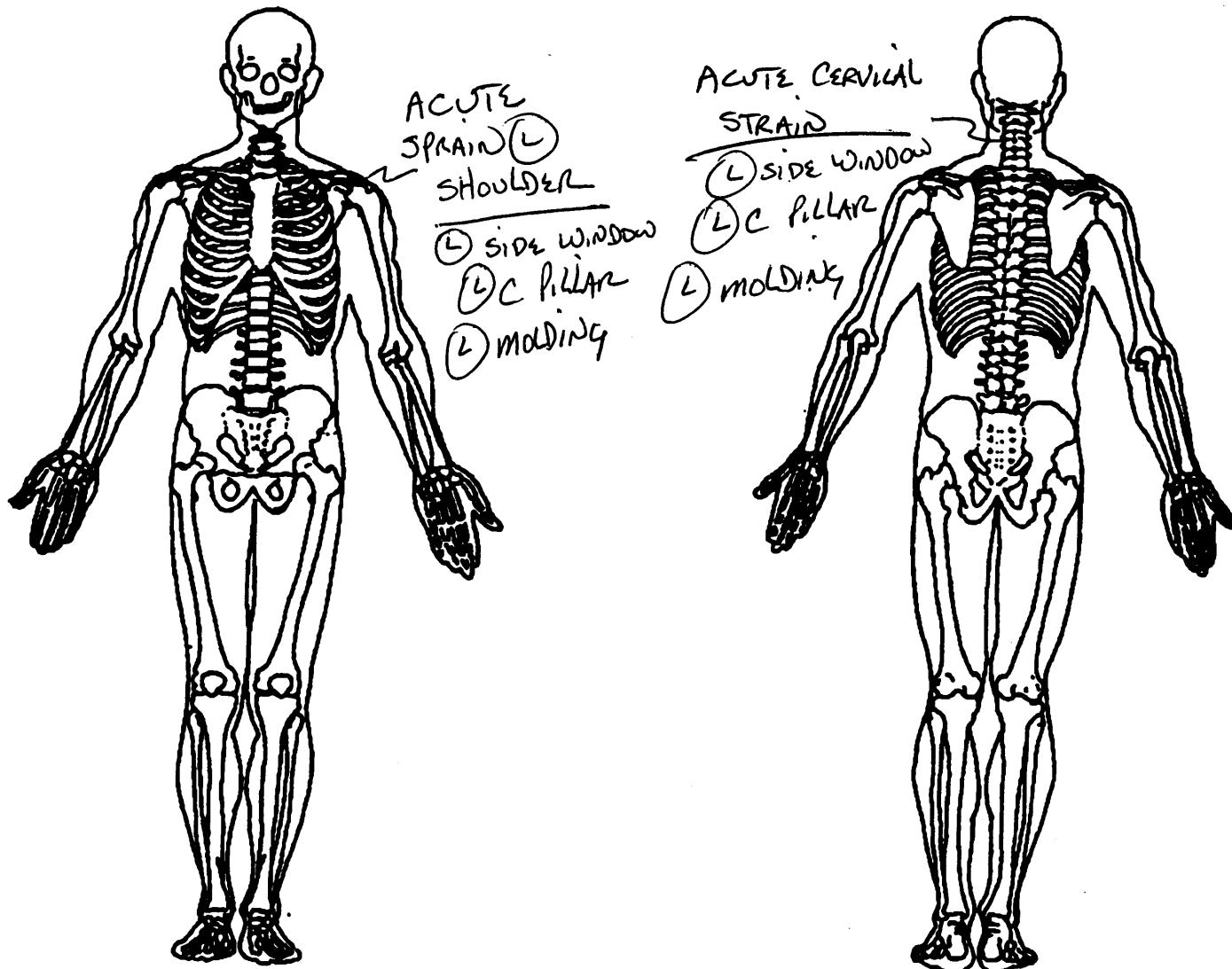
Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ = _____HCO₃ = _____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



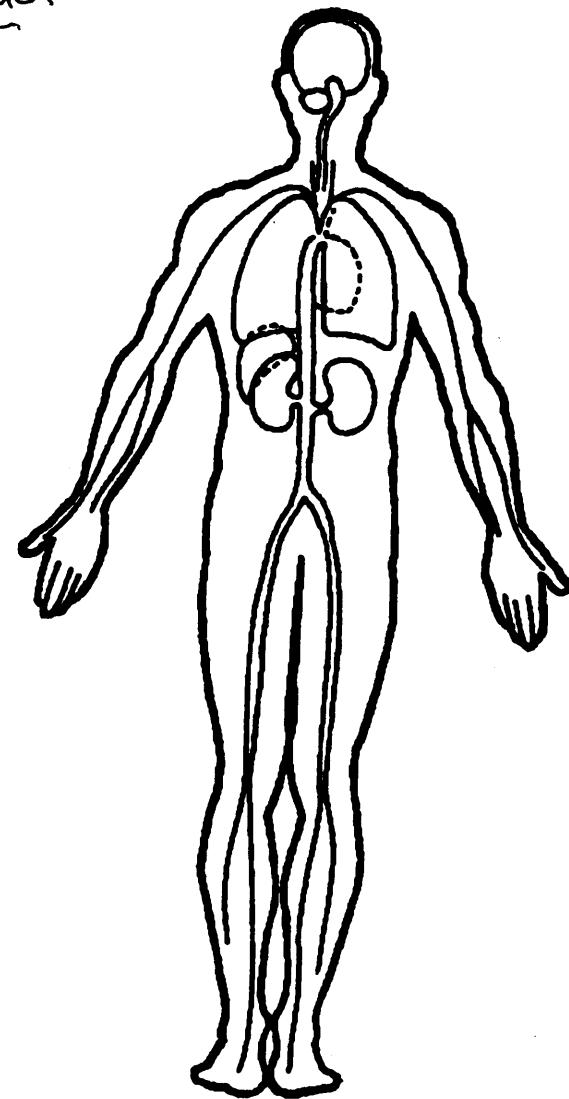
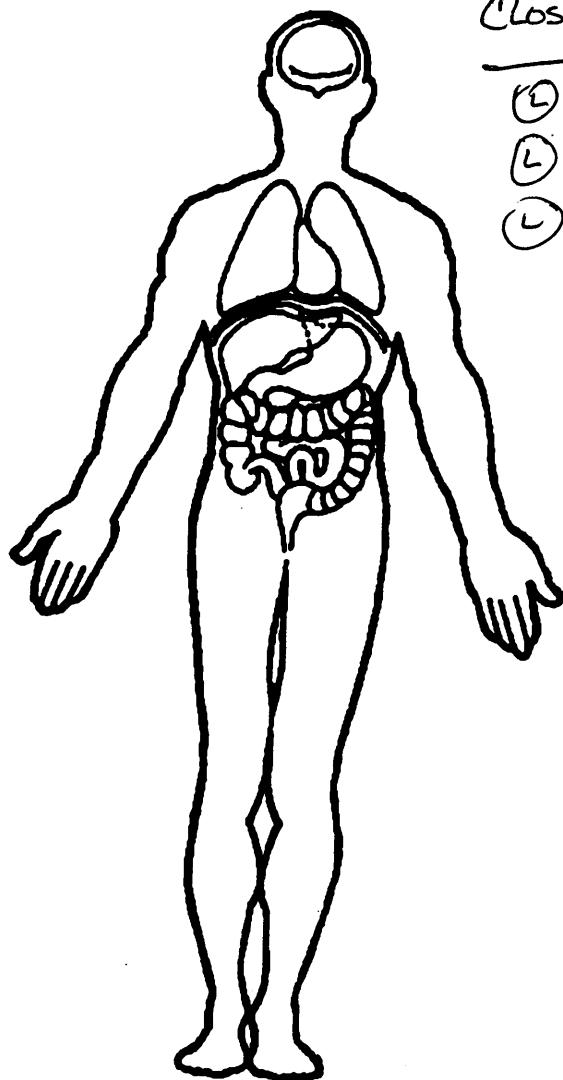
OFFICIAL INJURY DATA – INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

CLOSED HEAD INJURY

- side window
- C PILLAR
- molding



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-95-SP-24

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95 INDICATES 95
 Code the last two digits of the model year
 (99) Unknown

5. Vehicle Make (specify): SATURN

Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

6. Vehicle Model (specify): SC

Applicable codes are found in your
 NASS Data Collection, Coding and
 Editing Manual.
 (99) Unknown

7. Body Type

Note: Applicable codes may be found on
 the back of this page.

8. Vehicle Identification Number

1 6 8 Z F 5 2 8 8 5 2 X X X X X X
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
 No VIN—Code all zeros
 Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

10. Police Reported Travel Speed

Code to the nearest kph (NOTE: 000 means
 less than 0.5 kph)
 (160) 159.5 kph and above
 (999) Unknown

40 mph X 1.6093 = 64 kph

11. Police Reported Alcohol Presence

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See variables 37 through 55
 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

Code actual value (decimal implied
 before first digit—0.xx)

- (95) Test refused
- (96) None given
- (97) AC test performed, results unknown
- (98) No driver present
- (99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit

(000) No statutory limit
 Code posted or statutory speed limit
 in kph
 (999) Unknown

40 mph X 1.6093 = 64 kph

14. Attempted Avoidance Maneuver

- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify): _____
- (99) Unknown

64

AB

15. Accident Type

Applicable codes may be found on the
 back of page two of this field form

- (00) No impact
- Code the number of the diagram that
 best describes the accident circumstance
- (98) Other accident type (specify): _____
- (99) Unknown

88

BEST AVAILABLE

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelair, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle
 (0) Driver not present
 (1) Driver present
 (9) Unknown

1

17. Number of Occupants This Vehicle
 (00-96) Code actual number of occupants
 for this vehicle
 (97) 97 or more
 (99) Unknown

1

18. Number of Occupant Forms Submitted

1**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight
 _____ Code weight to nearest
 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

1, 4 6 0

$$\underline{2,324} \text{ lbs} \times .4536 = \underline{1,054} \text{ kgs}$$

Source: _____

20. Vehicle Cargo Weight
 _____ Code weight to nearest
 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

9, 9 9 0

$$\underline{\quad\quad\quad} \text{ lbs} \times .4536 = \underline{\quad\quad\quad} \text{ kgs}$$

RECONSTRUCTION DATA

21. Towed Trailing Unit
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown

1

22. Documentation of Trajectory Data
 for This Vehicle
 (0) No
 (1) Yes

1

23. Post Collision Condition of Tree or Pole
 (For Highest Delta V)
 (0) Not collision (for highest delta V) with
 tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

1**24. Rollover**

(0) No rollover (no overturning)

1*Rollover (primarily about the longitudinal axis)*

(1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

(5) Rollover--end-over-end (i.e., primarily
 about the lateral axis)
 (9) Rollover (overturn), details unknown

 OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

1

26. Rear Override/Underride (this Vehicle)

1

(0) No override/underride, or
 not an end-to-end impact

Override (see specific CDC)

(1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)

(4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle

3 3 9

28. Heading Angle For Other Vehicle

2 7 1

Category		ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 26, 26, 27	24 25 26 27 28 DECEL. 29, 30, 31	30 31 32 33	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Side-swipe Angle	44 45 46 47 LATERAL MOVE				(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
	G. Head-On	50 51 LATERAL MOVE				(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT		(EACH • 62)(EACH • 63) SPECIFICS OTHER
	I. Side-swipe Angle	64 65 LATERAL MOVE				(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	71 73 72			(EACH • 74)(EACH • 75) SPECIFICS OTHER
	K. Turn Into Path	77 76 78 TURN INTO SAME DIRECTION	79 80 81 TURN INTO OPPOSITE DIRECTIONS	82 83			(EACH • 84)(EACH • 85) SPECIFICS OTHER
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 86	88 89		(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT				98 Other Accident Type 99 Unknown Accident Type 00 No Impact

29. Basis for Total Delta V (highest) 3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Highest

30. Total Delta V ϕ ϕ 54.59 Nearest kph (highest)

Nearest kph (secondary)

(NOTE: 000 means less than

0.5 kph)

(160) 159.5 kph and above

(999) Unknown

31. Longitudinal Component of Delta V ± ϕ ϕ 4-3.93 Nearest kph (highest)

Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)(± 160) ± 159.5 kph and above

(_ 999) Unknown

32. Lateral Component of Delta V ± ϕ ϕ 2-2.36 Nearest kph (highest)

Nearest kph (secondary)

(NOTE: _ 000 means greater than
-0.5 kph and less than +0.5 kph)
(_ 160) ± 159.5 kph and above
(_ 999) Unknown33. Energy Absorption ϕ ϕ 3.9 003885.1

Nearest 100 joules (highest)

Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 3

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection ϕ

(0) No inspection

(1) Complete inspection

(2) Partial inspection (specify):

36. Is this an AOPS Vehicle? 1

(0) No

(1) Yes - researcher determined

(2) VIN determined air bag system

(3) VIN determined automatic (passive) belts

(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? YES [] NO

37. Police Reported Other Drug Presence
 (0) No other drug(s) present
 (1) Yes [other drug(s) present]
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Drug Evaluation Classification
 (DEC) Test For Driver
 (0) No DEC process available or given
 (1) DEC process given, results known
 (2) DEC process given, results unknown
 (3) DEC process available, unknown if given
 (8) No driver present

39. Other Drug Specimen Test Type For Driver
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):

 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>
Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>
Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>
Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>
Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>
Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>
Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover

(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
- (42) Tree ($>$ 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
- (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
- (52) Pole or post ($>$ 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

OTHER DATA**56. Driver's Zip Code**

(00000) Driver not present
 (00001) Driver not a resident of U.S. or territories

 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted*phi***62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**

(0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

(0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)***phi L*

(01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (17) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (O1) Blow out or flat tire
- (O2) Stalled engine
- (O3) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (O4) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (O5) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (O6) Traveling too fast for conditions
- (O8) Other cause of control loss (specify): _____
- (O9) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number		
2. Case Number - Stratum		DST-95-sp-24
3. Vehicle Number		02
4. Occupant Number		01
OCCUPANT'S CHARACTERISTICS		
5. Occupant's Age		20
Code actual age at time of accident.		
(00) Less than one year old (specify by month):		
(97) 97 years and older		
(99) Unknown		
6. Occupant's Sex		1
(1) Male		
(2) Female		
(9) Unknown		
7. Occupant's Height		999
Code actual height to the nearest centimeter.		
(999) Unknown		
____ inches X 2.54 = ____ centimeters		
8. Occupant's Weight		999
Code actual weight to the nearest kilogram.		
(999) Unknown		
____ pounds X .4536 = ____ kilograms		
9. Occupant's Role		1
(1) Driver		
(2) Passenger		
(9) Unknown		
OCCUPANT'S SEATING		
10. Occupant's Seat Position		11
Front Seat		
(11) Left side		
(12) Middle		
(13) Right side		
(14) Other (specify): _____		
(15) On or in the lap of another occupant		
Second Seat		
(21) Left side		
(22) Middle		
(23) Right side		
(24) Other (specify): _____		
(25) On or in the lap of another occupant		
Third Seat		
(31) Left side		
(32) Middle		
(33) Right side		
(34) Other (specify): _____		
(35) On or in the lap of another occupant		
Fourth Seat		
(41) Left side		
(42) Middle		
(43) Right side		
(44) Other (specify): _____		
(45) On or in the lap of another occupant		
(97) In or on unenclosed area		
(98) Other seat (specify): _____		
(99) Unknown		
11. Occupant's Posture		9
(0) Normal posture		
Abnormal posture		
(1) Kneeling or standing on seat		
(2) Lying on or across seat		
(3) Kneeling, standing or sitting in front of seat		
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window		
(5) Sitting on a console		
(6) Lying back in a reclined seat position		
(7) Bracing with feet or hands on a surface in front of seat		
(8) Other abnormal posture (specify): _____		
(9) Unknown		

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability
 (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____
 (9) Unknown _____

18. Manual (Active) Belt System Use
 (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____
 (03) Lap belt _____
 (04) Lap and shoulder belt _____
 (05) Belt used—type unknown _____
 (08) Other belt used (specify):
 (12) Shoulder belt used with child safety seat _____
 (13) Lap belt used with child safety seat _____
 (14) Lap and shoulder belt used with child safety seat _____
 (15) Belt used with child safety seat—type unknown _____
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts
 (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____
 (4) Shoulder belt worn behind back or seat _____
 (5) Belt worn around more than one person _____
 (6) Lap belt worn on abdomen _____
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of manual belt system (specify): _____
 (9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used _____
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate _____
 (4) Upper anchorage separated _____
 (5) Other anchorage separated (specify):
 (6) Broken retractor _____
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):
 (3) Air bag not reinstalled _____
 (9) Unknown

PER DRIVER

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Are There Indications of Air Bag System Failure?

(0) Not equipped/not available
 (1) No _____
 (2) Yes (specify): _____
 (9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used _____
 (1) Police did not indicate restraint use _____
 (2) Shoulder belt _____
 (3) Lap belt _____
 (4) Lap and shoulder belt _____
 (5) Belt used, type not specified _____
 (6) Child safety seat _____
 (7) Other or automatic restraint (specify):
AIRBAG _____
 (8) Restrained, type unknown _____
 (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

9

27. Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed (specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

9

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

99

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model

(000) No child safety seat

 Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation

(00) No child safety seat

 Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage

32. Child Safety Seat Shield Usage

33. Child Safety Seat Tether Usage

 Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

37. Hospital Stay

(00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

99**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

dd**40. 1st Medically Reported Cause of Death**dd**41. 2nd Medically Reported Cause of Death**dd**42. 3rd Medically Reported Cause of Death**dd

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

 (97) Other result (includes fatal ruled disease) (specify):

 (99) Unknown

43. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

dd

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function**

(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

Check the Primary Source Used in Determining Belt Use.

Not equipped/not available/destroyed or rendered inoperative
 Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify): _____

Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?NO YES

BEST AVAILABLE

UPDATE CANDIDATE?NO YES

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER**

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) *PP*

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? *1*

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ *PP*

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination *3*

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE

Identifying Title			
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
<u>DSI-95-SP-24</u> <u>1 9 4</u>			
OLDMISS Vehicle Identification			
Vehicle 1	<u>1987</u>	<u>PLYMOUTH</u>	<u>VORAGER (SE)</u>
Vehicle 2	<u>1995</u>	<u>SATURN</u>	<u>SL</u>
	Year	Make	Model
			NASS Veh. No.
GENERAL INFORMATION			
VEHICLE 1		VEHICLE 2	
Size	<u>4</u>	Size	<u>3</u>
Weight		Weight	
<u>2972</u> Curb	<u>+ 180</u> Occupant(s)	<u>= 3658</u> Cargo	<u>LB</u>
<u>2324</u> Curb	<u>+ 159</u> Occupant(s)	<u>= 3817</u> Cargo	<u>LB</u>
Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back)		Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back)	
<u>L</u> Vehicle 1		<u>F</u> Vehicle 2	
Vehicle Heading Angles At Impact, in Degrees		Vehicle Heading Angles At Impact, in Degrees	
<u>+ 27</u> <u>0</u> Vehicle 1		<u>+ 33</u> <u>9</u> Vehicle 2	
Stiffness Category for Vehicle		Stiffness Category for Vehicle	
<u>7</u> Vehicle 1		<u>3</u> Vehicle 2	
DAMAGE INFORMATION			
For Which Vehicle Is The Damage Known	<u>1</u>	Crush Measurements Known Vehicle	C ₁ <u>0</u> <u>0</u> <u>4</u> IN C ₂ <u>0</u> <u>0</u> <u>0</u> IN C ₃ _____ C ₄ _____ C ₅ _____ C ₆ _____
PDOF for Known Vehicle in Degrees (-180 to +180)	<u>± 080</u> <u>0</u>	Damage Midpoint Offset for Known Vehicle	D <u>± 073</u> IN
Damage Length (L) for Known Vehicle	<u>026</u> IN	Estimated Damage Midpoint Offset for Unknown Vehicle	D <u>017</u> IN

SUMMARY OF OLDMISPC RESULTS

DSI-95-SP-24

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	2.97 (4.79)	- .52 (- .83)	2.93 (4.71)	280.00
VEH #2 (ESTIMATED)	2.85 (4.59)	- 2.44 (- 3.93)	-1.47 (- 2.36)	31.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	1392.4 (1887.6)	6436.5 (28629.8)
VEH #2 (ESTIMATED)	2865.8 (3885.1)	10204.0 (45387.2)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)		VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)	
	IN (CM)		IN (CM)
L-----	26.0 66.0	L-----	27.1 68.8
C1-----	4.0 10.2	C1-----	.1 .3
C2-----	.0 .0	C2-----	.1 .3
D-----	-73.0 -185.4	D-----	-17.0 -43.2

VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	4	SIZE-----	3
STIFFNESS-	4	STIFFNESS-	3
SIDE-----	L	SIDE-----	F
HANGL-----	270.0 DEG	HANGL-----	339.0 DEG
WEIGHT----	3658.0 LBS (1659.0 KG)	WEIGHT----	3817.0 LBS (1731.1 KG)
MASS-----	9.467 LB-SEC**2/IN (106.96 NT-SEC**2/CM)	MASS-----	9.878 LB-SEC**2/IN (111.61 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3741.0 IN**2 (24135.4 CM**2)	GYRATION--	3324.0 IN**2 (21445.1 CM**2)

TRAFFIC CRASH REPORT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS

DO NOT WRITE IN THIS SPACE

FILE COPY

BEST AVAILABLE

Time & Location	DATE OF CRASH	TIME OF CRASH	AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED	AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED	AM <input checked="" type="checkbox"/> PM	INVEST AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER					
	COUNTY / CITY CODE	POST OF	Mass	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	CITY OR TOWN	(Check if in City or Town) COUNTY					
	AT NODE NO.	FEET / MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	2	1 DIVIDED <input type="checkbox"/> 2 UNDIVIDED <input type="checkbox"/>	ON STREET, ROAD OR HIGHWAY						
	AT INTERSECTION OF	FEET / MILES			N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	OF INTERSECTION OF					
	YEAR	1 Phantom 2 HI & Run 3 N/A	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE							
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE											
	VEHICLE TRAVELING	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	ON	A1	EST. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	POINT OF IMPACT CIRCLE AREA OF DAMAGE				
	INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY:	1 Tow Rotation List 2 Tow Owner's Request	3 Driver 4 Other	18 Underride 19 Overturn 20 Windshield 21 Fire 22 Trailer				
	OWNER'S FULL NAME (Check if Driver)					CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE						
	OWNER'S FULL NAME (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE						
DRIVER (Exactly as on Driver License) / Pedestrian					CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH							
DRIVER LICENSE NUMBER	STATE	DL TYPE	REG END	BAC TEST	3 Urine 1 Blood 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	PLACARDED	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	RECOMMEND	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	!! YES, Explain in Narrative				DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)					CURRENT ADDRESS	CITY & STATE/ZIP	AGE	LOC.	INJ.	S. EQUIP.	EJECT.			
DRIVER 1 Phantom 2 HI & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER							POINT OF IMPACT CIRCLE AREA OF DAMAGE
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/>	1 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/>	18 Underride 19 Overturn 20 Windshield 21 Fire 22 Trailer					
VEHICLE TRAVELING	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	ON	A1	EST. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE	POINT OF IMPACT CIRCLE AREA OF DAMAGE					
INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY:	1 Tow Rotation List 2 Tow Owner's Request	3 Driver 4 Other	18 Underride 19 Overturn 20 Windshield 21 Fire 22 Trailer					
OWNER'S FULL NAME (Check if Driver)					CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE							
OWNER'S FULL NAME (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE							
DRIVER (Exactly as on Driver License) / Pedestrian					CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH							
DRIVER LICENSE NUMBER	STATE	DL TYPE	REG END	BAC TEST	3 Urine 1 Blood 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	PLACARDED	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	RECOMMEND	1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/>	!! YES, Explain in Narrative				DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)					CURRENT ADDRESS	CITY & STATE/ZIP	AGE	LOC.	INJ.	S. EQUIP.	EJECT.			
VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)				PHYSICAL DEFECTS	ALCOHOL / DRUG USE			LOCATION			
01 Automobile 02 Passenger Van 03 Pickup/Flat Truck (2 axles/line) 04 Medium Truck (4 rear wheels) 05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 17 Other	01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 77 Other	01 Single Semi-Trailer 02 Tandem Semi-Trailer(s) 03 Tank Trailer 04 Saddle Mount/ Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown	DL TYPE	RACE	1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 None	1 White 2 Black 3 Hispanic 4 Other	1 No Defects Known 2 Eyeight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Boarding/Treck 8 Bus Passenger 9 Other				
REQUIRED ENDORSEMENTS				SEX	1 Male 2 Female	INJURY SEVERITY			SAFETY EQUIPMENT IN USE					
1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/> 3 NR						1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality	1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Hammer 6 Eye Protection	1 No 2 Yes 3 Partial						

DRIVER INFORMATION		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		POINT OF IMPACT					
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						1. Circle 2. Area of Damage 3. Underside 4. Overturn 5. Windshield 6. Fire 7. Trailer					
VEHICLE TRAVELING		ON	A1	EST. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Denting 2. Fender 3. No Damage	EST. TRAILER DAMAGE		8. Undercarriage 9. Overturn 10. Windshield 11. Fire 12. Trailer					
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER				VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other					
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE							
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE							
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	TYPE	REQ. END.	BAC TEST	3. Urine	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes	2 No	PLACARDED	1 Yes	2 No	RECOMMEND	1 Yes	2 No	IF YES, Explain in Narrative	DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS				CITY & STATE/ZIP		AGE		LOC.	INJ.	S. EQUIP.	EJECT.		
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP				
NONE		\$													
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP				
EST. AMOUNT		\$													
CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS							
1. No Improper Driving / Action 2. Careless Driving 3. Failed to Yield Right-of-Way 4. Improper Backing 5. Improper Lane Change 6. Improper Turn 7. Alcohol-Under Influence 8. Drugs-Under Influence 9. Alcohol & Drugs-Under Influence 10. Followed Too Closely 11. Disregarded Traffic Signal 12. Exceeded Safe Speed Limit 13. Disregarded Stop Sign 14. Failed to Maintain Equip./Vehicle 15. Improper Passing 16. Drove Left of Center 17. Exceeded Stated Speed Limit 18. Destroying Traffic		1	2	3	1	2	3	1	2	3	1. Alone 2. Farm 3. Police Pursuit 4. Recreational 5. Emergency Operation 6. Construction/Maintenance				
19. Improper Load 20. Disregarded Other Traffic Control 21. Driving Wrong Side / Way 22. Fleeting Police 23. Vehicle Modified 24. Turn Lane / Safety Zone		01	13		01	01		01	01		1. 1 2. 1 3. 1				
25. MV Hit Animal 26. MV Hit Sign/Post 27. MV Hit Utility Pole/Light Pole 28. MV Hit Guardrail 29. MV Hit Fence 30. MV Hit Concrete Barrier Wall 31. MV Hit Bridge/Pier/Abutment/Rail 32. MV Hit Tree/Shrubbery 33. Collision With Construction Barriers/Sign 34. Collision With Traffic Gate 35. Collision With Crash Attenuators 36. Collision With Fixed Object Above Road 37. MV Hit Other Fixed Object 38. Collision With Moveable Object On Road		77 All Other (Explain)	LOCATION ON ROADWAY			PEDESTRIAN ACTION			LOCATION TYPE						
39. MV Ran Into Ditch/Culvert 40. Ran Off Road into Water 41. Overturned 42. Occupant Fell From Vehicle 43. Tractor/Trailer Jackknifed 44. Fire 45. Explosion		77 All Other (Explain)	1	2	3	01	02	03	1	2	3	1. Primary Business 2. Primary Residential 3. Open Country			
46. Collision With Other Roadway 47. Collision With Pedestrian 48. Collision With Bicycle 49. Collision With Bicycle (Bike Lane) 50. Vision With Moped 51. Vision With Train			1	1		01	02	03	01	02	03	01			
52. Collision With Animal 53. Collision With MV in Transport (Head-on) 54. Collision With MV in Transport (Angle) 55. Collision With MV in Transport (Last Turn) 56. Collision With MV in Transport (SideSwipe) 57. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
58. Collision With Parked Car 59. Vision With Other Roadway 60. Collision With Pedestrian 61. Collision With Bicycle 62. Collision With Bicycle (Bike Lane) 63. Vision With Moped 64. Vision With Train			1	2	3	01	02	03	01	02	03	01			
65. Collision With MV in Transport (Rear-end) 66. Collision With MV in Transport (Front-end) 67. Collision With MV in Transport (Angle) 68. Collision With MV in Transport (Last Turn) 69. Collision With MV in Transport (Right Turn) 70. Collision With MV in Transport (SideSwipe) 71. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
72. Collision With Parked Car 73. Vision With Other Roadway 74. Collision With Pedestrian 75. Collision With Bicycle 76. Collision With Bicycle (Bike Lane) 77. Vision With Moped 78. Vision With Train			1	2	3	01	02	03	01	02	03	01			
79. Collision With Animal 80. MV Hit Sign/Post 81. MV Hit Utility Pole/Light Pole 82. MV Hit Guardrail 83. MV Hit Fence 84. MV Hit Concrete Barrier Wall 85. MV Hit Bridge/Pier/Abutment/Rail 86. MV Hit Tree/Shrubbery 87. Collision With Construction Barriers/Sign 88. Collision With Traffic Gate 89. Collision With Crash Attenuators 90. Collision With Fixed Object Above Road 91. MV Hit Other Fixed Object 92. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SYSTEM IDENTIFIER	ROAD SURFACE / CONDITION			WEATHER	ROAD SURFACE TYPE			
93. MV Ran Into Ditch/Culvert 94. Ran Off Road into Water 95. Overturned 96. Occupant Fell From Vehicle 97. Tractor/Trailer Jackknifed 98. Fire 99. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
100. Collision With Other Roadway 101. Collision With Pedestrian 102. Collision With Bicycle 103. Collision With Bicycle (Bike Lane) 104. Vision With Moped 105. Vision With Train			1	2	3	01	02	03	01	02	03	01			
106. Collision With Animal 107. Collision With MV in Transport (Head-on) 108. Collision With MV in Transport (Angle) 109. Collision With MV in Transport (Last Turn) 110. Collision With MV in Transport (Right Turn) 111. Collision With MV in Transport (SideSwipe) 112. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
113. Collision With Parked Car 114. Vision With Other Roadway 115. Collision With Pedestrian 116. Collision With Bicycle 117. Collision With Bicycle (Bike Lane) 118. Vision With Moped 119. Vision With Train			1	2	3	01	02	03	01	02	03	01			
120. Collision With Animal 121. MV Hit Sign/Post 122. MV Hit Utility Pole/Light Pole 123. MV Hit Guardrail 124. MV Hit Fence 125. MV Hit Concrete Barrier Wall 126. MV Hit Bridge/Pier/Abutment/Rail 127. MV Hit Tree/Shrubbery 128. Collision With Construction Barriers/Sign 129. Collision With Traffic Gate 130. Collision With Crash Attenuators 131. Collision With Fixed Object Above Road 132. MV Hit Other Fixed Object 133. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
134. MV Ran Into Ditch/Culvert 135. Ran Off Road into Water 136. Overturned 137. Occupant Fell From Vehicle 138. Tractor/Trailer Jackknifed 139. Fire 140. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
141. Collision With Other Roadway 142. Collision With Pedestrian 143. Collision With Bicycle 144. Collision With Bicycle (Bike Lane) 145. Vision With Moped 146. Vision With Train			1	2	3	01	02	03	01	02	03	01			
147. Collision With Animal 148. Collision With MV in Transport (Head-on) 149. Collision With MV in Transport (Angle) 150. Collision With MV in Transport (Last Turn) 151. Collision With MV in Transport (Right Turn) 152. Collision With MV in Transport (SideSwipe) 153. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
154. Collision With Parked Car 155. Vision With Other Roadway 156. Collision With Pedestrian 157. Collision With Bicycle 158. Collision With Bicycle (Bike Lane) 159. Vision With Moped 160. Vision With Train			1	2	3	01	02	03	01	02	03	01			
161. Collision With Animal 162. MV Hit Sign/Post 163. MV Hit Utility Pole/Light Pole 164. MV Hit Guardrail 165. MV Hit Fence 166. MV Hit Concrete Barrier Wall 167. MV Hit Bridge/Pier/Abutment/Rail 168. MV Hit Tree/Shrubbery 169. Collision With Construction Barriers/Sign 170. Collision With Traffic Gate 171. Collision With Crash Attenuators 172. Collision With Fixed Object Above Road 173. MV Hit Other Fixed Object 174. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
175. MV Ran Into Ditch/Culvert 176. Ran Off Road into Water 177. Overturned 178. Occupant Fell From Vehicle 179. Tractor/Trailer Jackknifed 180. Fire 181. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
182. Collision With Other Roadway 183. Collision With Pedestrian 184. Collision With Bicycle 185. Collision With Bicycle (Bike Lane) 186. Vision With Moped 187. Vision With Train			1	2	3	01	02	03	01	02	03	01			
188. Collision With Animal 189. Collision With MV in Transport (Head-on) 190. Collision With MV in Transport (Angle) 191. Collision With MV in Transport (Last Turn) 192. Collision With MV in Transport (Right Turn) 193. Collision With MV in Transport (SideSwipe) 194. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
195. Collision With Parked Car 196. Vision With Other Roadway 197. Collision With Pedestrian 198. Collision With Bicycle 199. Collision With Bicycle (Bike Lane) 200. Vision With Moped 201. Vision With Train			1	2	3	01	02	03	01	02	03	01			
202. Collision With Animal 203. MV Hit Sign/Post 204. MV Hit Utility Pole/Light Pole 205. MV Hit Guardrail 206. MV Hit Fence 207. MV Hit Concrete Barrier Wall 208. MV Hit Bridge/Pier/Abutment/Rail 209. MV Hit Tree/Shrubbery 210. Collision With Construction Barriers/Sign 211. Collision With Traffic Gate 212. Collision With Crash Attenuators 213. Collision With Fixed Object Above Road 214. MV Hit Other Fixed Object 215. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
216. MV Ran Into Ditch/Culvert 217. Ran Off Road into Water 218. Overturned 219. Occupant Fell From Vehicle 220. Tractor/Trailer Jackknifed 221. Fire 222. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
223. Collision With Other Roadway 224. Collision With Pedestrian 225. Collision With Bicycle 226. Collision With Bicycle (Bike Lane) 227. Vision With Moped 228. Vision With Train			1	2	3	01	02	03	01	02	03	01			
229. Collision With Animal 230. Collision With MV in Transport (Head-on) 231. Collision With MV in Transport (Angle) 232. Collision With MV in Transport (Last Turn) 233. Collision With MV in Transport (Right Turn) 234. Collision With MV in Transport (SideSwipe) 235. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
236. Collision With Parked Car 237. Vision With Other Roadway 238. Collision With Pedestrian 239. Collision With Bicycle 240. Collision With Bicycle (Bike Lane) 241. Vision With Moped 242. Vision With Train			1	2	3	01	02	03	01	02	03	01			
243. Collision With Animal 244. MV Hit Sign/Post 245. MV Hit Utility Pole/Light Pole 246. MV Hit Guardrail 247. MV Hit Fence 248. MV Hit Concrete Barrier Wall 249. MV Hit Bridge/Pier/Abutment/Rail 250. MV Hit Tree/Shrubbery 251. Collision With Construction Barriers/Sign 252. Collision With Traffic Gate 253. Collision With Crash Attenuators 254. Collision With Fixed Object Above Road 255. MV Hit Other Fixed Object 256. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
257. MV Ran Into Ditch/Culvert 258. Ran Off Road into Water 259. Overturned 260. Occupant Fell From Vehicle 261. Tractor/Trailer Jackknifed 262. Fire 263. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
264. Collision With Other Roadway 265. Collision With Pedestrian 266. Collision With Bicycle 267. Collision With Bicycle (Bike Lane) 268. Vision With Moped 269. Vision With Train			1	2	3	01	02	03	01	02	03	01			
270. Collision With Animal 271. Collision With MV in Transport (Head-on) 272. Collision With MV in Transport (Angle) 273. Collision With MV in Transport (Last Turn) 274. Collision With MV in Transport (Right Turn) 275. Collision With MV in Transport (SideSwipe) 276. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
277. Collision With Parked Car 278. Vision With Other Roadway 279. Collision With Pedestrian 280. Collision With Bicycle 281. Collision With Bicycle (Bike Lane) 282. Vision With Moped 283. Vision With Train			1	2	3	01	02	03	01	02	03	01			
284. Collision With Animal 285. MV Hit Sign/Post 286. MV Hit Utility Pole/Light Pole 287. MV Hit Guardrail 288. MV Hit Fence 289. MV Hit Concrete Barrier Wall 290. MV Hit Bridge/Pier/Abutment/Rail 291. MV Hit Tree/Shrubbery 292. Collision With Construction Barriers/Sign 293. Collision With Traffic Gate 294. Collision With Crash Attenuators 295. Collision With Fixed Object Above Road 296. MV Hit Other Fixed Object 297. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
298. MV Ran Into Ditch/Culvert 299. Ran Off Road into Water 300. Overturned 301. Occupant Fell From Vehicle 302. Tractor/Trailer Jackknifed 303. Fire 304. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
305. Collision With Other Roadway 306. Collision With Pedestrian 307. Collision With Bicycle 308. Collision With Bicycle (Bike Lane) 309. Vision With Moped 310. Vision With Train			1	2	3	01	02	03	01	02	03	01			
311. Collision With Animal 312. Collision With MV in Transport (Head-on) 313. Collision With MV in Transport (Angle) 314. Collision With MV in Transport (Last Turn) 315. Collision With MV in Transport (Right Turn) 316. Collision With MV in Transport (SideSwipe) 317. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
318. Collision With Parked Car 319. Vision With Other Roadway 320. Collision With Pedestrian 321. Collision With Bicycle 322. Collision With Bicycle (Bike Lane) 323. Vision With Moped 324. Vision With Train			1	2	3	01	02	03	01	02	03	01			
325. Collision With Animal 326. MV Hit Sign/Post 327. MV Hit Utility Pole/Light Pole 328. MV Hit Guardrail 329. MV Hit Fence 330. MV Hit Concrete Barrier Wall 331. MV Hit Bridge/Pier/Abutment/Rail 332. MV Hit Tree/Shrubbery 333. Collision With Construction Barriers/Sign 334. Collision With Traffic Gate 335. Collision With Crash Attenuators 336. Collision With Fixed Object Above Road 337. MV Hit Other Fixed Object 338. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
339. MV Ran Into Ditch/Culvert 340. Ran Off Road into Water 341. Overturned 342. Occupant Fell From Vehicle 343. Tractor/Trailer Jackknifed 344. Fire 345. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
346. Collision With Other Roadway 347. Collision With Pedestrian 348. Collision With Bicycle 349. Collision With Bicycle (Bike Lane) 350. Vision With Moped 351. Vision With Train			1	2	3	01	02	03	01	02	03	01			
352. Collision With Animal 353. Collision With MV in Transport (Head-on) 354. Collision With MV in Transport (Angle) 355. Collision With MV in Transport (Last Turn) 356. Collision With MV in Transport (Right Turn) 357. Collision With MV in Transport (SideSwipe) 358. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
359. Collision With Parked Car 360. Vision With Other Roadway 361. Collision With Pedestrian 362. Collision With Bicycle 363. Collision With Bicycle (Bike Lane) 364. Vision With Moped 365. Vision With Train			1	2	3	01	02	03	01	02	03	01			
366. Collision With Animal 367. MV Hit Sign/Post 368. MV Hit Utility Pole/Light Pole 369. MV Hit Guardrail 370. MV Hit Fence 371. MV Hit Concrete Barrier Wall 372. MV Hit Bridge/Pier/Abutment/Rail 373. MV Hit Tree/Shrubbery 374. Collision With Construction Barriers/Sign 375. Collision With Traffic Gate 376. Collision With Crash Attenuators 377. Collision With Fixed Object Above Road 378. MV Hit Other Fixed Object 379. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
380. MV Ran Into Ditch/Culvert 381. Ran Off Road into Water 382. Overturned 383. Occupant Fell From Vehicle 384. Tractor/Trailer Jackknifed 385. Fire 386. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
387. Collision With Other Roadway 388. Collision With Pedestrian 389. Collision With Bicycle 390. Collision With Bicycle (Bike Lane) 391. Vision With Moped 392. Vision With Train			1	2	3	01	02	03	01	02	03	01			
393. Collision With Animal 394. Collision With MV in Transport (Head-on) 395. Collision With MV in Transport (Angle) 396. Collision With MV in Transport (Last Turn) 397. Collision With MV in Transport (Right Turn) 398. Collision With MV in Transport (SideSwipe) 399. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
400. Collision With Parked Car 401. Vision With Other Roadway 402. Collision With Pedestrian 403. Collision With Bicycle 404. Collision With Bicycle (Bike Lane) 405. Vision With Moped 406. Vision With Train			1	2	3	01	02	03	01	02	03	01			
407. Collision With Animal 408. MV Hit Sign/Post 409. MV Hit Utility Pole/Light Pole 410. MV Hit Guardrail 411. MV Hit Fence 412. MV Hit Concrete Barrier Wall 413. MV Hit Bridge/Pier/Abutment/Rail 414. MV Hit Tree/Shrubbery 415. Collision With Construction Barriers/Sign 416. Collision With Traffic Gate 417. Collision With Crash Attenuators 418. Collision With Fixed Object Above Road 419. MV Hit Other Fixed Object 420. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
421. MV Ran Into Ditch/Culvert 422. Ran Off Road into Water 423. Overturned 424. Occupant Fell From Vehicle 425. Tractor/Trailer Jackknifed 426. Fire 427. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
428. Collision With Other Roadway 429. Collision With Pedestrian 430. Collision With Bicycle 431. Collision With Bicycle (Bike Lane) 432. Vision With Moped 433. Vision With Train			1	2	3	01	02	03	01	02	03	01			
434. Collision With Animal 435. Collision With MV in Transport (Head-on) 436. Collision With MV in Transport (Angle) 437. Collision With MV in Transport (Last Turn) 438. Collision With MV in Transport (Right Turn) 439. Collision With MV in Transport (SideSwipe) 440. Collision With MV in Transport (Backed Into)			1	2	3	01	02	03	01	02	03	01			
441. Collision With Parked Car 442. Vision With Other Roadway 443. Collision With Pedestrian 444. Collision With Bicycle 445. Collision With Bicycle (Bike Lane) 446. Vision With Moped 447. Vision With Train			1	2	3	01	02	03	01	02	03	01			
448. Collision With Animal 449. MV Hit Sign/Post 450. MV Hit Utility Pole/Light Pole 451. MV Hit Guardrail 452. MV Hit Fence 453. MV Hit Concrete Barrier Wall 454. MV Hit Bridge/Pier/Abutment/Rail 455. MV Hit Tree/Shrubbery 456. Collision With Construction Barriers/Sign 457. Collision With Traffic Gate 458. Collision With Crash Attenuators 459. Collision With Fixed Object Above Road 460. MV Hit Other Fixed Object 461. Collision With Moveable Object On Road		77 All Other (Explain)	F	S	03	32	ROAD SURFACE / CONDITION	WEATHER	ROAD SURFACE TYPE						
462. MV Ran Into Ditch/Culvert 463. Ran Off Road into Water 464. Overturned 465. Occupant Fell From Vehicle 466. Tractor/Trailer Jackknifed 467. Fire 468. Explosion		77 All Other (Explain)	01	02	03	01	02	03	01	02	03	01			
469. Collision With Other Roadway 470. Collision With Pedestrian 471. Collision With Bicycle 472. Collision With Bicycle (Bike Lane) 473. Vision With Moped 474. Vision With Train			1	2	3	01</td									

TRAFFIC CRASH REPORT

NARRATIVE AND DIAGRAM
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS.

Check Only If Unknown

FIVE COPY

BEST AVAILABLE

ONE DPP: PATIENTS ONLY	TIME EMS NOTIFIED : AM : PM :	TIME EMS ARRIVED : AM : PM :	COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
------------------------------	-------------------------------------	------------------------------------	------------------	---------------	------------------------------	--------------------------

UNIT #1 TRAVELLING NORTH ON IN THE NORTH-
BOUND LANE AT APPROX. 40 MPH, OBSERVED DANGER AND STRUCK
UNIT #2 WITH FRONT. UNIT #1 WAS DISPLACED APPROX 17 FT.
IN A NORTHWEST DIRECTION, TURNING COUNTER CLOCK WISE,
COMING TO REST AT POINTS LISTED IN DIAGRAM.

UNIT #2 TRAVELLING WEST ON IN THE
WEST BOUND LANE, FAILED TO STOP FOR THE STOP SIGN AND
WAS STRUCK BY UNIT #1 ON THE SIDE. UNIT #2 WAS DISPLACED
APPROX. 18 FT. IN A NORTHWEST DIRECTION SPINNING COUNTER
CLOCK WISE COMING TO REST AT POINTS LISTED IN DIAGRAM.

DURING THE CRASH THE BACK HATCH FLEW OPEN AND PASS #4
AND #5 WERE EJECTED OUT THE BACK HATCH COMING TO REST
AT POINTS IN DIAGRAM.

FIRST AID GIVEN BY - NAME:	<input type="checkbox"/> 1 Physician or Nurse <input type="checkbox"/> 2 Paramedic Or EMT	<input type="checkbox"/> 3 Police Officer <input type="checkbox"/> 4 Certified 1st Aider <input type="checkbox"/> 5 Other	INJURED TAKEN TO:	BY - NAME:
AS INVESTIGATION MADE AT SCENE?	IS INVESTIGATION COMPLETE?		DATE OF REPORT	PHOTOS TAKEN? <input type="checkbox"/> 3 Investigating Agency <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 4 Other
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Where?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No-Why?			
INVESTIGATOR - RANK AND SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	1 <input type="checkbox"/> FHP 3 <input checked="" type="checkbox"/> CPD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER	

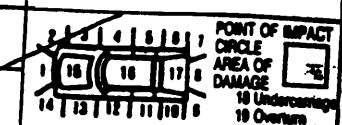
DIAGRAM

INDICATE NORTH
WITH ARROW

NOT TO SCALE

DO NOT WRITE IN THIS SPACE
FILE COPY

BEST AVAILABLE

COUNTY/CITY CODE DATE OF CRASH						INVEST. AGENCY REPORT NUMBER			HSMV CRASH REPORT NUMBER					
DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Underside 19 Oversteer 20 Windshield 21 Fire 22 Trailer					
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE										
VEHICLE TRAVELING N S E W		ON	A1	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE					
INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY:			1 Tow Rotation List 2 Tow Owner's Request					
OWNER'S FULL NAME (Check if Driver)					CURRENT ADDRESS (Number and Street)			CITY AND STATE ZIP CODE						
OWNER'S FULL NAME (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)			CITY AND STATE ZIP CODE						
DRIVER (Exactly as on Driver License) / Pedestrian					CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE			DATE OF BIRTH			
DRIVER LICENSE NUMBER		STATE	DL. TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes	2 No	RECOMMEND	1 Yes	2 No	# YES, Explain in Narrative		DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)					CURRENT ADDRESS	CITY & STATE/ZIP			AGE	LOC.	INJ.	S. EQUIP.	EJECT.	
DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Underside 19 Oversteer 20 Windshield 21 Fire 22 Trailer					
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE										
VEHICLE TRAVELING N S E W		ON	A1	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE					
INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY:			1 Tow Rotation List 2 Tow Owner's Request					
OWNER'S FULL NAME (Check if Driver)					CURRENT ADDRESS (Number and Street)			CITY AND STATE ZIP CODE						
OWNER'S FULL NAME (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)			CITY AND STATE ZIP CODE						
DRIVER (Exactly as on Driver License) / Pedestrian					CURRENT ADDRESS (Number and Street)			CITY & STATE / ZIP CODE			DATE OF BIRTH			
DRIVER LICENSE NUMBER		STATE	DL. TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes	2 No	RECOMMEND	1 Yes	2 No	# YES, Explain in Narrative		DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)					CURRENT ADDRESS	CITY & STATE/ZIP			AGE	LOC.	INJ.	S. EQUIP.	EJECT.	
INVESTIGATOR - RANK AND SIGNATURE					ID/BADGE NUMBER	DEPARTMENT			FHP	SO	CPD	OTHER		

PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
2		\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
3		\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
4		\$					

CONTRIBUTING CAUSES - DRIVER/PED.		VEHICLE DEFECT	VEHICLE MOVEMENT	VEHICLE SPECIAL FUNCTIONS
01 No Improper Driving / Action	<input type="checkbox"/>	01 No Defects	01 Straight Ahead	1 None
02 Careless Driving	<input type="checkbox"/>	02 Del. Brakes	02 Slowing / Stopped / Stalled	2 Farm
03 Failed to Yield Right-of-Way	<input type="checkbox"/>	03 Worn / Studded Tires	03 Making Left Turn	3 Police Pursuit
04 Improper Backing	<input type="checkbox"/>	04 Defective / Improper Lights	04 Backing	4 Recreational
05 Improper Lane Change	<input type="checkbox"/>	05 Puncture / Blowout	05 Making Right Turn	5 Emergency Operation
06 Improper Turn	<input type="checkbox"/>	06 Steering Mech.	06 Changing Lanes	6 Construction / Maintenance
07 Alcohol-Under Influence	<input type="checkbox"/>	07 Windshield Wipers	07 Entering/Leaving Parking Space	
08 Drugs-Under Influence	<input type="checkbox"/>	08 Equipment / Vehicle Defect	08 Properly Parked	
09 Alcohol & Drugs-Under Influence	<input type="checkbox"/>		09 Improperly Parked	
10 Followed Too Closely	<input type="checkbox"/>		10 Making U-Turn	
11 Deregarded Traffic Signal	<input type="checkbox"/>			
12 Exceeded Safe Speed Limit	<input type="checkbox"/>			
13 Deregarded Stop Sign	<input type="checkbox"/>			
14 Failed to Maintain Equip. / Vehicle	<input type="checkbox"/>			
15 Improper Passing	<input type="checkbox"/>			
16 Drove Left of Center	<input type="checkbox"/>			
17 Exceeded Stated Speed Limit	<input type="checkbox"/>			
18 Obstructing Traffic	<input type="checkbox"/>			
19 Improper Load	<input type="checkbox"/>	77 All Other (Explain in Narrative)	11 Passing	
20 Deregarded Other Traffic Control	<input type="checkbox"/>		12 Divertance or Runaway Veh.	
21 Driving Wrong Side / Way	<input type="checkbox"/>		77 All Other (Explain in Narrative)	
22 Fleeting Police	<input type="checkbox"/>			
23 Vehicle Modified	<input type="checkbox"/>			
24 Safety Zone	<input type="checkbox"/>			
LOCATION ON ROADWAY		PEDESTRIAN ACTION		
1 On Road	<input type="checkbox"/>	01 Crossing Not at Intersection	07 Other Walking in Road	<input type="checkbox"/>
2 Not On Road	<input type="checkbox"/>	02 Crossing at Mid-block Crosswalk	08 Standing/Playing in Road	<input type="checkbox"/>
3 Shoulder	<input type="checkbox"/>	03 Crossing at Intersection	09 Standing in Pedestrian Island	<input type="checkbox"/>
4 Median	<input type="checkbox"/>	04 Walking Along Road With Traffic	77 All Other (Explain)	
5 Turn Lane / Safety Zone	<input type="checkbox"/>	05 Walking Along Road Against Traffic	88 Unknown	
77 All Other (Explain)		06 Working on Vehicle in Road		

Additional Passengers / Narrative

LESS - NAME

ADDRESS

CITY & STATE

78

WAS INVESTIGATION
MADE AT SCENE? 1 Yes 2 No - Where?

**IS INVESTIGATION
COMPLETE?**

1 Yes 2 No - Not 2

DATE OF RETROGRADE

PHOTOS

1: Yes 2: No 3: Insufficient Answer 4: Can't Answer

REGISTRATION MEDICAL RECORD

REGISTRATION DATE/TIME DISCHARGE

DATE/TIME ADM. BY BIRTHDATE AGE SEX/RACI FC ARRIVAL MODE HOSPITAL ACCOUNT NO.

NAME AND ADDRESS

NEAREST RELATIVE

FOLLOW INSTRUCTIONS BELOW THAT ARE MARKED:

 SUTURE AND WOUND CARE

- Keep the dressing clean and dry. After 24 hours the dressing can be removed and suture line cleansed with peroxide (as bought in a drug store) and Q-tips. Do not apply antibiotic ointment to stitches.
- Elevate the wound to relieve soreness and help speed wound healing.
- Despite the greatest of care, any wound can become infected. If your wound becomes red, swollen, shows pus or red streaks or feels more sore as days go by, see your doctor immediately.
- Call your doctor for an appointment for removal of sutures.

 HEAD INJURY INSTRUCTIONS

- Avoid strenuous activities at least the next 24 hours.
- Ice bag to head.
- Light diet next 24 hours.
- Arouse patient every 1-2 hours; for the next 24 hours.
- Report to your doctor immediately if anything listed occurs (even within several months):
 - Unable to arouse patient
 - Persistent vomiting, stiff neck, fever or headache
 - Unequal pupils (one large, one small pupil)
 - Confusion or unusual drowsiness
 - Stumbling or other problem with normal use of arms or legs; or areas of skin numbness
 - Visual difficulties
 - Bleeding or drainage from ears or nose

 SICK CHILDREN

GENERAL INFORMATION

A specific cause for fever, vomiting or diarrhea frequently cannot be found. The illness may last a day or two. These symptoms may also be side effects of an ear infection or other seemingly unrelated condition.

FEVER

Acetaminophen (Tylenol) on a 4-hour basis will usually control fever. The following are recommended dosages:

TYLENOL							
Age Group	0-3 mos	4-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs
Weight (lbs.)	6-11	12-17	18-23	24-35	36-47	48-59	60-71
Dose of Tylenol in milligrams	40	60	120	160	240	320	400
2000 (50 mg/0.8 ml) dropperfuls	1/2	1	1 1/2	2	3	4	5
ELIXIR (160 mg/5 ml) teaspoonful	—	1/2	3/4	1	1 1/2	2	2 1/2
CHEWABLE TABLETS (80 mg each)	—	—	1 1/2	2	3	4	5
These should be administered 4 or 5 times daily - but not to exceed 5 doses in 24 hours.							
NOTE: Since TYLENOL pediatric products are available without a prescription, parents are warned on the package label to contact a physician if used by children under two or for use longer than ten days and to contact a physician immediately in case of accidental overdosage.							

Give Tylenol every 4 hours any time the fever is over 101° rectally. If the fever is above 104°, the child should be sponged with water that is slightly cold to touch. Alcohol sponging should be avoided.

VOMITING AND DIARRHEA

Most cases of vomiting and diarrhea respond to elimination of milk and solids from the diet and limiting intake to clear liquids (Gatorade, Jello water, flat Coke, etc. for up to 24 hours. Give small amounts of liquid (1/2 to 1 oz.) every 15 minutes and continue for 6 hours. If vomiting has ceased, try larger amounts every few hours. Do not give solid foods or milk until at least 12 hours after vomiting has ceased. A child's buttocks need special care. Gently and thoroughly wash the bottom with plain water after each diarrhea. Cover bottom with Vaseline, Desitin Ointment or baby powder.

If fever, vomiting and/or diarrhea persists greater than 12-18 hours after this emergency visit, or your child's lips and mouth become dry or his urination decreases (children should void at least every 6-8 hours), the child must be reexamined, preferably by the physician you were referred to or return to the Emergency Department.

 SPRAINS

- SPRAINS — Stretching and tearing of ligaments about joints which results in weakening of the joint.
- TREATMENT
 - Ice Bag (20 minutes out of each hour) for 48-72 hours; then try heat. If it worsens, go back to ice.
 - Immobilize with ace wraps or splints and elevate the injured part above the level of the heart.
 - Do not bear weight or use the extremity until told to do so by your physician.
 - Physician follow up is imperative to determine the severity of the sprain and the length of disability.
 - Pain Medications — Aspirin or acetaminophen (Tylenol or Dafalgan) is adequate for most sprains.
- COMPLICATIONS:
 - Tendency to recurrence — If your ligaments were stretched severely or heel incompletely.
- WARNINGS:
 - Circulation — An ace wrap, splint or tape should lend firm support without restricting circulation. If toes or fingers become blue or tingle, the wrap is too tight. Remove the wrap and redress. An adult should check the circulation in small children at least every 2 hours and rewrap as necessary.
 - Fractures and complete ligament tears sometimes cannot be diagnosed at time of initial exam. Further x-rays may be required. See your physician for follow-up care and evaluation after leaving the Emergency Department.

 BURNS

1. CLASSIFICATION

Burns are classified as to their DEGREE (severity) and as to their EXTENT (percentage of the body surface they cover).

FIRST DEGREE — Redness without blistering; a superficial burn involving the top layer of the skin.

SECOND DEGREE — Blistering; slightly deeper but not full skin thickness.

THIRD DEGREE — Involves the full thickness of the skin. This burn is PAINLESS and SKIN GRAFTS are required except for small patches.

2. FOLLOW-UP CARE

- Careful follow-up of all burns is imperative to prevent complications. CALL YOUR SURGEON OR FAMILY PHYSICIAN upon leaving the Emergency Department for an appointment within 48 hours.
- IF YOUR BURN WAS LEFT OPEN — Wash it three times daily with bland soap or BETADINE surgical soap (nonprescription).
- IF YOUR BURN WAS DRESSED — Leave the dressing intact and see your physician within 48 hours.
- Take pain pills only if needed and as prescribed.
- If antibiotic pills are prescribed, take them faithfully.
- Call your physician if you have a dressing and it gets WET.
- Call your physician or return to the Emergency Department for UNDUE PAIN, FEVER OR RED STREAKS around the burn.

 TETANUS "LOCK-JAW" IMMUNIZATION

TETANUS IMMUNIZATION CONSISTS OF THE FOLLOWING:

- Primary Immunization — 3 injections of 0.5 ml tetanus Toxoid each given 4-6 week intervals. A 4th dose of 0.5 ml given approximately 1 year after the 3rd injection.
- Booster Dose — Every 5 years after primary immunization as listed above.

Most children receive their primary immunization when they are infants as part of their "baby shots"; however, there are some adults who never received their primary immunization as a child. If you are one of these individuals, you have received your initial injection and must receive another 0.5 ml of Tetanus Toxoid in 4-6 weeks, a 3rd dose 4-6 weeks later and a 4th dose 1 year after the 3rd injection. From then on you must receive an immunization every 5 years for adequate prophylaxis against Tetanus.

Please contact your private physician to arrange for these injections.

BEST AVAILABLE

COMPLETE AND DEFINITIVE MEDICAL CARE AND TREATMENT. I ACKNOWLEDGE THAT I HAVE BEEN INSTRUCTED TO CONTACT THE FOLLOWING APPROPRIATE SPECIALISTS AND I, THE PATIENT WILL BE NOTIFIED OF SIGNIFICANT DISCREPANCIES.

SPECI L INSTRUCTIONS

 Head sheet Sick Child Suture Care Sprain Back injury Burns Hepatitis Tetanus

OTHER

Albion Ambulance Service Inc.

ADDRESS

PHONE

LOCAL ADDRESS

LOCAL PHONE

PATIENT

Patient Name :

Arrival Date/Time:

Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

FACIAL & SCALP CONTUSIONS

Your evaluation indicates you have a contusion (deep bruise) around the face or scalp. Injuries around the face and head cause a lot of swelling, especially around the eyes. This is because the blood supply to this area is so good. Usually the swelling from a contusion will be better in 2-3 days, but it takes 7-10 days for a "black eye" to clear up.

You should apply ice packs to the injured area for about 20-30 minutes every 2-3 hours until the swelling improves. Use mild pain medicine as needed. Please call or return here right away if you have:

- Severe pain or headache, unrelieved by mild pain medicine.
- Unusual sleepiness, confusion, personality changes, vomiting.
- Persistent nosebleed, double or blurred vision, or drainage from the nose or ear.

You may have a mild headache, slight dizziness, nausea, and weakness for a few days. This usually clears up with bed rest and mild pain medicine. Contact your doctor if you are concerned about facial deformity or have any difficulty with your bite.

FEVER

Your child has a fever (a temperature over 100 F or 37.8 C). Mild fevers are not harmful, but temperatures over 104 F (40 C) can cause dehydration and fussiness. Here are some very useful points that can help you make your child more comfortable and keep the fever down:

- Do not bundle your child up in heavy clothing or blankets. Use light clothing and bedding to help your child stay cool.
- Give plenty of extra fluids (water, sodas, popsicles) to prevent dehydration. Your child should drink enough to urinate every 6 hours.
- Use acetaminophen (Tylenol, Panadol, Liquiprin) or ibuprofen every four hours to relieve discomfort and keep the temperature down.
- Check your child's temperature every 4 hours. For babies use a rectal thermometer. Be sure to shake the thermometer down before you use it and wash it in cool soapy water to clean it.
- If you are unable to control the fever with the above measures, sponge or bathe your child in lukewarm water for 20 minutes. Never use cold water or alcohol to sponge a feverish child.

Please call your doctor if the fever has not dropped in 2 days. Be sure to have your child checked by a doctor right away if your child has any of these symptoms: seizures, delirium, repeated vomiting, dehydration or difficulty breathing.

HEAD INJURY

You have suffered a minor head injury. You do not need to stay in the hospital any longer, but you should have someone with you to check your condition every few hours for the next 24 hours. You may go to sleep, but someone should wake you up several times during the night to make sure you know who and where you are, and that you are able to talk and move around normally. You should see your doctor or return to the Emergency Center at once if any of the following symptoms develop over the next few days:

- Severe headaches not helped by pain medicine.
- Vomiting more than 2-3 times.
- Mental confusion, restlessness, or personality changes.
- Increasing weakness, sleepiness, blackouts, or seizures.
- Loss of balance or trouble with movement or coordination.
- A clear or bloody drainage from the nose or ear.

Head injuries may cause a moderate headache, weakness, dizziness, nausea, and depression for up to a week or more after the injury. This post-injury state usually gets better with bed rest and mild pain medicine. If any of these symptoms last for more than a week, you will need further medical attention. Please call the Emergency Center or your doctor if you have any questions or concerns about your head injury.

ACETAMINOPHEN

Your doctor recommends acetaminophen (Tylenol, Datril, Tempra, Liquiprin) to treat your present problem. This medicine is given for fever control and to relieve mild pain. Acetaminophen comes in both liquid and tablet form. Be sure to check the label for the dose. Every 4 hours you should give:

- Infants - 40-80 mg
- Toddlers - 120-160 mg
- School-age children - 240-400 mg
- Adults - 500-1,000 mg

Acetaminophen drops have 80 mg/dropperful, the elixir has 160 mg/teaspoon) Children up to 12 years old should not take this medicine for more than 5 days in a row. Adults should limit use to 10 consecutive days. Please do not drink alcoholic beverages while you are taking this medicine because this can increase the risk of liver damage. Contact your doctor if your medicine is not helpful with your problem, or you are worried about side effects.

FOLLOW-UP CARE:

Your physician today has been

For your follow-up care, you may return here or see your own doctor.

You have been referred to:

Please make an appointment for further treatment as needed. To avoid any delay in your follow-up care, be sure to tell your referral doctor that we have referred you. Bring aftercare instructions and medicines to the office. If you do not continue to improve or if your condition worsens, please call your doctor or return to the right away for further evaluation.

Additional Instructions:

(Occupant #5) BEST AVAILABLE

LINK	OFFICE SERVICES	CPT	MOD	AMOUNT	LINK	PROCEDURES	CPT	MOD	AMOUNT	LINK	INJECTIONS/IMMUNIZATIONS	CPT	MOD	AMOUN	
	<input type="checkbox"/> New Patient Standard	99201				<input type="checkbox"/> Aerosol Nebulization	94650				<input type="checkbox"/> Allergy-Sol Ant	95120			
	<input type="checkbox"/> New Patient Limited	99202				<input type="checkbox"/> Anoscopy	48000				<input type="checkbox"/> Allergy-MH Ant	95125			
	<input type="checkbox"/> New Patient Intermediate	99203				<input type="checkbox"/> Audiometry	92552				<input type="checkbox"/> Benadryl	J1200			
	<input checked="" type="checkbox"/> New Patient Extended	99204				<input type="checkbox"/> Burn - Drugs/Oint.	16020*				<input type="checkbox"/> Bicillin 1ml	J0640			
	<input type="checkbox"/> New Patient Comprehensive	99205				<input type="checkbox"/> Burn - Int'l Treatment	16000				<input type="checkbox"/> Decadron	J1100			
	<input type="checkbox"/> Est. Patient Standard	99211				<input type="checkbox"/> Cold Therapy	97010				<input type="checkbox"/> Depo Medrol	J1030			
	<input type="checkbox"/> Est. Patient Limited	99212				<input type="checkbox"/> Cryotherapy 1st Lesion	17100*				<input type="checkbox"/> DPT	90701			
	<input type="checkbox"/> Est. Patient Intermediate	99213				<input type="checkbox"/> 2nd-3rd Lesion	17101				<input type="checkbox"/> Epinephrine	J0170			
	<input type="checkbox"/> Est. Patient Extended	99214				<input type="checkbox"/> Ear-Dr Abscess	69000*				<input type="checkbox"/> Estradiol	J1410			
	<input type="checkbox"/> Est. Patient Comprehensive	99215				<input type="checkbox"/> Ear-Biopsy	69100				<input type="checkbox"/> Flu Vaccine	90724			
	<input type="checkbox"/> New Patient OV w/surg proc	99025*				<input type="checkbox"/> Ear Lavage	69210				<input type="checkbox"/> Hib	90737			
	<input type="checkbox"/> Emergency OV	99058				<input type="checkbox"/> Eye-FB Remv	65205*				<input type="checkbox"/> Imitrex	W1955			
	LABORATORY					<input type="checkbox"/> Eye-Rmv Embd	65210*				<input type="checkbox"/> IV Therapy	90784			
	<input type="checkbox"/> Anemia Profile					<input type="checkbox"/> Exc. Benign Lesion					<input type="checkbox"/> Kenalog	J3301			
	<input type="checkbox"/> Arthritis Profile	80072				<input type="checkbox"/> Exc. Trunk, Arms, Legs 5cm or less	11400				<input type="checkbox"/> MMR	90707			
	<input type="checkbox"/> CBC	85025				<input type="checkbox"/> 1.1-2cm	11402				<input type="checkbox"/> Nubain, I.M.	90782			
	<input type="checkbox"/> Chem. Profile	80019				<input type="checkbox"/> Exc. Scalp, Neck, Feet 5cm or less	11420				<input type="checkbox"/> Oral Polio Vac	90712			
	<input type="checkbox"/> Cholesterol w/HDL	83718				<input type="checkbox"/> 1.1-2cm	11422				<input type="checkbox"/> Pneumonia Vac	90732			
	<input type="checkbox"/> Coronary Risk					<input type="checkbox"/> Exc. Face, Ears, Nose 5cm or less	11440				<input type="checkbox"/> Rocephin	J0696			
	<input type="checkbox"/> Digoxin	80162				<input type="checkbox"/> 1.1 to 2cm	11442				<input type="checkbox"/> TB Tine	86585			
	<input type="checkbox"/> Drug Screen MR.	80100				<input type="checkbox"/> EKG w/intrp	93000				<input type="checkbox"/> Tetanus	90703			
	<input type="checkbox"/> Ferritin Level	83565				<input type="checkbox"/> Exc-Ingrwn Toenail	11750				<input type="checkbox"/> Tetramune	J3490			
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	<input type="checkbox"/> Health Profile	80050				<input type="checkbox"/> Flex Sigmoid w/Biopsy	45331				<input type="checkbox"/> Vistaril	J3410			
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	<input type="checkbox"/> Hemoccult	82270				<input type="checkbox"/> Holter Monitor - 24 Hour	93224				<input type="checkbox"/> Xylocaine	J2000			
	<input type="checkbox"/> Hemoglobin	85018				<input type="checkbox"/> I&D Abscess/Cyst	10060*								
	<input type="checkbox"/> Hepatitis Profile	80059				<input type="checkbox"/> I&D Forgn Bdy	10120*								
	<input type="checkbox"/> Hepatitis ABC					<input type="checkbox"/> Kinetic Therapy (1 area)	97530				X-RAYS				
	<input type="checkbox"/> HIV	86311				<input type="checkbox"/> Kinetic Therapy (2 or more)	97531				<input type="checkbox"/> Abdominal Series	74020			
	<input type="checkbox"/> Mono	86308				<input type="checkbox"/> Lacer. Rep. 2.5cm or less	12041*				<input type="checkbox"/> Cervical Spine	72050			
	<input type="checkbox"/> Pap -	86151				<input type="checkbox"/> Nose-Biopsy	30100				<input type="checkbox"/> Chest PA	71010			
	<input type="checkbox"/> PSA	86316				<input type="checkbox"/> Nose-Ctl Hemhg	30901*				<input type="checkbox"/> Chest 2 views	71020			
	<input type="checkbox"/> Pregnancy Test/Urine	81025				<input type="checkbox"/> Proctosigmoidoscopy/Rigid	45300				<input type="checkbox"/> Foot	73630			
	<input type="checkbox"/> Pregnancy Test/Blood	84703				<input type="checkbox"/> Pulm. Fnct w/o Bronc	94010				<input type="checkbox"/> Hand	73130			
	<input type="checkbox"/> Protime	85610				<input type="checkbox"/> Pulmonary Fnct w/Bronc	94060				<input type="checkbox"/> Hip	73510			
	<input type="checkbox"/> PTT	85730				<input type="checkbox"/> Skin Biopsy	11100				<input checked="" type="checkbox"/> Humerus (1) 2 (2) 3 (3) 4 (4) 5 (5) 6 (6) 7 (7) 8 (8) 9 (9) 10 (10) 11 (11) 12 (12) 13 (13) 14 (14) 15 (15) 16 (16) 17 (17) 18 (18) 19 (19) 20 (20) 21 (21) 22 (22) 23 (23) 24 (24) 25 (25) 26 (26) 27 (27) 28 (28) 29 (29) 30 (30) 31 (31) 32 (32) 33 (33) 34 (34) 35 (35) 36 (36) 37 (37) 38 (38) 39 (39) 40 (40) 41 (41) 42 (42) 43 (43) 44 (44) 45 (45) 46 (46) 47 (47) 48 (48) 49 (49) 50 (50) 51 (51) 52 (52) 53 (53) 54 (54) 55 (55) 56 (56) 57 (57) 58 (58) 59 (59) 60 (60) 61 (61) 62 (62) 63 (63) 64 (64) 65 (65) 66 (66) 67 (67) 68 (68) 69 (69) 70 (70) 71 (71) 72 (72) 73 (73) 74 (74) 75 (75) 76 (76) 77 (77) 78 (78) 79 (79) 80 (80) 81 (81) 82 (82) 83 (83) 84 (84) 85 (85) 86 (86) 87 (87) 88 (88) 89 (89) 90 (90) 91 (91) 92 (92) 93 (93) 94 (94) 95 (95) 96 (96) 97 (97) 98 (98) 99 (99) 100 (100) 101 (101) 102 (102) 103 (103) 104 (104) 105 (105) 106 (106) 107 (107) 108 (108) 109 (109) 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(Occupant #6)

BEST AVAILABLE

LIF	OFFICE SERVICES	CPT	MOD	AMOUNT	LINK	PROCEDURES	CPT	MOD	AMOUNT	LINK	INJECTIONS/IMMUNIZATIONS	CPT	MOD	AMOUNT
	<input type="checkbox"/> New Patient Standard	99201				<input type="checkbox"/> Aerosol Nebulization	94850				<input type="checkbox"/> Allergy-Sol Ant	95120		
	<input type="checkbox"/> New Patient Limited	99202				<input type="checkbox"/> Anoscopy	46800				<input type="checkbox"/> Allergy-Mil Ant	95125		
	<input type="checkbox"/> New Patient Intermediate	99203				<input type="checkbox"/> Audiometry	92552				<input type="checkbox"/> Benadryl	J1200		
	<input checked="" type="checkbox"/> New Patient Extended	99204			65	<input type="checkbox"/> Burn - Dress/Debr	16020*				<input type="checkbox"/> Bicillin Imm	J0640		
	<input type="checkbox"/> New Patient Comprehensive	99205				<input type="checkbox"/> Burn - Irtl Treatment	16000				<input type="checkbox"/> Decadron	J1100		
	<input type="checkbox"/> Est. Patient Standard	99211				<input type="checkbox"/> Cold Therapy	97010				<input type="checkbox"/> Depo Medrol	J1030		
	<input type="checkbox"/> Est. Patient Limited	99212				<input type="checkbox"/> Cryotherapy 1st Lesion	17100*				<input type="checkbox"/> DPT	90701		
	<input type="checkbox"/> Est. Patient Intermediate	99213				<input type="checkbox"/> 2nd-3rd Lesion	17101				<input type="checkbox"/> Epinephrine	J0170		
	<input type="checkbox"/> Est. Patient Extended	99214				<input type="checkbox"/> Ear-Dr Abscess	69000*				<input type="checkbox"/> Estradiol	J1410		
	<input type="checkbox"/> Est. Patient Comprehensive	99215				<input type="checkbox"/> Ear-Biopsy	69100				<input type="checkbox"/> Flu Vaccine	90724		
	<input type="checkbox"/> New Patient OV w/same proc	99025*				<input type="checkbox"/> Ear Lavage	69210				<input type="checkbox"/> HIB	90737		
	<input type="checkbox"/> Emergency OV	99058				<input type="checkbox"/> Eye-FB Remvl	65205*				<input type="checkbox"/> Immitrex	W1955		
	LABORATORY					<input type="checkbox"/> Eye-Rmvl Embd	65210*				<input type="checkbox"/> IV Therapy	90784		
	<input type="checkbox"/> Anemia Profile					<input type="checkbox"/> Exc. Benign Lesion					<input type="checkbox"/> Kenalog	J3301		
	<input type="checkbox"/> Arthritis Profile	80072				<input type="checkbox"/> Exc. Trunk, Arms, Legs 5cm or less	11400				<input type="checkbox"/> MMR	90707		
	<input type="checkbox"/> CBC	85025				<input type="checkbox"/> 1.1-2cm	11402				<input type="checkbox"/> Nubain, I.M.	90782		
	<input type="checkbox"/> Chem. Profile	80019				<input type="checkbox"/> Exc. Scalp, Neck, Feet 5cm or less	11420				<input type="checkbox"/> Oral Polio Vac	90712		
	<input type="checkbox"/> Cholesterol w/HDL	83718				<input type="checkbox"/> 1.1-2cm	11422				<input type="checkbox"/> Pneumonia Vac	90732		
	<input type="checkbox"/> Coronary Risk					<input type="checkbox"/> Exc. Face, Ears, Nose 5cm or less	11440				<input type="checkbox"/> Rocephin	J0696		
	<input type="checkbox"/> Digoxin	80162				<input type="checkbox"/> 1.1 to 2cm	11442				<input type="checkbox"/> TB Tine	86585		
	<input type="checkbox"/> Drug Screen MR.	80100				<input type="checkbox"/> EKG w/intrp	93000				<input type="checkbox"/> Tetanus	90703		
	<input type="checkbox"/> Ferritin Level	83565				<input type="checkbox"/> Exc-Ingrwn Toenail	11750				<input type="checkbox"/> Tetramune	J3490		
	<input type="checkbox"/> Glucose	82947				<input type="checkbox"/> Flex Sigmoid	45330				<input type="checkbox"/> Toradol	J1885		
	<input type="checkbox"/> Health Profile	80050				<input type="checkbox"/> Flex Sigmoid w/Biopsy	45331				<input type="checkbox"/> Vistaril	J3410		
	<input type="checkbox"/> Hematocrit	85014				<input type="checkbox"/> Flex Sigmoid w/Polyp	45333				<input type="checkbox"/> Vitamin B-12	J3420		
	<input type="checkbox"/> Hemoccult	82270				<input type="checkbox"/> Holter Monitor - 24 Hour	93224				<input type="checkbox"/> Xylocaine	J2000		
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	<input type="checkbox"/> Hepatitis ABC					<input type="checkbox"/> Kinetic Therapy (1 area)	97530				X-RAYS			
	<input type="checkbox"/> HIV	86311				<input type="checkbox"/> Kinetic Therapy (2 or more)	97531				<input type="checkbox"/> Abdominal Series	74020		
	<input type="checkbox"/> Mono	86308				<input type="checkbox"/> Lacer, Rep. 2.5cm or less	12041*				<input type="checkbox"/> Cervical Spine	72050		
	<input type="checkbox"/> Pap -	88151				<input type="checkbox"/> 2.6-7.5cm	12042				<input type="checkbox"/> Chest PA	71010		
	<input type="checkbox"/> PSA	86316				<input type="checkbox"/> Nose-Biopsy	30100				<input type="checkbox"/> Chest 2 views	71020		
	<input type="checkbox"/> Pregnancy Test/Urine	81025				<input type="checkbox"/> Nose-Cil Hemhg	30901*				<input type="checkbox"/> Foot	73630		
	<input type="checkbox"/> Pregnancy Test/Blood	84703				<input type="checkbox"/> Proctosigmoidoscopy/Rigid	45300				<input type="checkbox"/> Hand	73130		
	<input type="checkbox"/> Protein	85610				<input type="checkbox"/> Pulm. Fnct w/o Bronc	94010				<input type="checkbox"/> Hip	73510		
	<input type="checkbox"/> PTT	85720				<input type="checkbox"/> Pulmonary Fnct w/Bronc	94060				<input type="checkbox"/> Humerus (1) 2	73060	2D50	
	<input type="checkbox"/> Sed Rate	85651				<input type="checkbox"/> Skin Biopsy	11100				<input type="checkbox"/> Knee (2) (3)	73562	ZD65	
	<input type="checkbox"/> Stool Culture	87045				<input type="checkbox"/> Skin Tag Removal	11200*				<input type="checkbox"/> Lumbo/Sacral	72110		
	<input type="checkbox"/> Strep Screen	87082				<input type="checkbox"/> Sub Hematoma	11740				<input type="checkbox"/> Ribs	71100		
	<input type="checkbox"/> Thyroid Profile	80091				<input type="checkbox"/> Wart Removal	17110*				<input type="checkbox"/> Shoulder	73030		
	<input checked="" type="checkbox"/> Urinalysis	81000			15						<input type="checkbox"/> Sinus	70220		
	<input type="checkbox"/> Urine Culture	87088				<input type="checkbox"/> Supplies: Specify	99070				<input type="checkbox"/> Thoracic Spine	72070		
	<input type="checkbox"/> Urine Sensitivity	87184				<input type="checkbox"/> Surgical Tray	A4550				<input type="checkbox"/> Tibia/Fibula	73590		
	<input type="checkbox"/> Venipuncture	G0001									<input type="checkbox"/> Wrist (Ap & Lat)	73100		

MODIFIER KEY:

- 22 Unusual Service
- TC Technical Component
- Z.D. Global Service (TC.+26)
- S2 Reduced Service

METHOD OF PAYMENT:

- Cash
- Check
- VISA
- MasterCard

TIME	PATIENT	REASON	PAT 0.00	IBS 0.00	TODAY'S CHARGE	DIAGNOSIS: (No. 1 Must Be Primary)	
						<i>1. Closed Head Injury</i>	
DR. #	DOCTOR	LOCATION				<i>2. acute low back pain</i>	
RESPONSIBLE PARTY			DECEIVING DR.			<i>3. l-s strain</i>	
ADDRESS			CITY/STATE		CODE	<i>4. Contusion C & shoulder</i>	
1 .00	OVER 60 0.00	OVER 30 0.00	CURRENT 0.00	TOTAL DUE 10	1 PT 0 BC PAY CHOICE	ADJUSTMENTS <i>15.00</i>	
TODAY'S PAYMENT <i>15.00</i>					BALANCE DUE <i>0.00</i>		
					I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.		
					Patient Signature _____		
					X DOCTOR'S SIGNATURE _____		